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A Vicious Cycle of Silence:

What are the implications of the menstruation taboo for the fulfilment of women and girls' human rights and, to what extent is the menstruation taboo addressed by international human rights law and human rights bodies?

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This piece of work was developed in collaboration with the Irise research group who are affiliated with Sheffield School of Health and Related Research. For more information about our work visit www.irise.org.uk or email info@irise.org.uk

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Abstract

Although menstruation is a natural process that forms part of the female reproductive system, it has been a taboo subject in cultures across the world for centuries. In the first half of my dissertation I explore the implications of the menstruation taboo on the fulfilment of women and girls' human rights, focusing on their rights to health, education, work and reproductive rights. In order to do so, I conduct a literature review and present a case study based on field research I carried out in spring 2013 into schoolgirls' menstrual hygiene practices in a low income setting in Uganda. My findings reveal that the menstruation taboo can have detrimental effects on the fulfilment of women and girls' human rights, particularly in low income settings.

In the second section of my dissertation, I assess the extent to which the menstruation taboo is addressed by the international United Nations treaties and human rights bodies by carrying out a document analysis of the core international human rights treaties and key human rights body reports by the Treaty bodies the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Committee on the Rights of the Child (CRC) and key reports by the Special procedures mandates of the Right to Education, the Right to Health and the Right to Water and Sanitation. I find a tremendous silence surrounding menstruation in the documents examined. I then explore the implications of this silence by showing how it reflects the androcentric nature of the United Nations human rights system, forms part of a broader cyclical process of (re)producing the menstruation taboo, and has political consequences because as long as the silence prevails, action to address women and girls' menstrual needs so that they are not held back by their menstrual flow will be limited.

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Acronyms and Abbreviations

BSR - Business for Society

CEDAW – Committee on the Elimination of All Forms of Discrimination Against Women

CRC – Committee on the Rights of the Child

DAC - Development Assistance Committee

FGD- Focus Group Discussion

MHM – Menstrual Hygiene Management

NGO – Non-governmental Organisation

OECD - Organisation for Economic Co-operation and Development

OHCHR - Office of the High Commissioner for Human Rights

RtoE – Right to Education (Special procedures mandate)

RtoH – Right to Health¹ (Special procedures mandate)

RtoWS – Right to Water and Sanitation (Special procedures mandate)

SRE – Special Rapporteur on the Right to Education

SRH – Special Rapporteur on the Right to Health

SRWS – Special Rapporteur on the Right to Water and Sanitation

UN – United Nations

UNESCO - United Nations Educational, Scientific and Cultural Organisation

UNFPA - United Nations Population Fund

UNICEF - United Nations Children's Fund

WASH - Water, Sanitation and Hygiene

WHO - World Health Organisation

WIPO - World Intellectual Property Organisation

WSSCC - Water Supply and Sanitation Collaborative Council

¹ Full title: Right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Chapter one: Introduction

Menstruation is a natural monthly bleeding experienced by all healthy women and girls of reproductive age. On average, they spend almost ten years of their lives menstruating (WSSCC 2013a: 1). Even though menstruation is a natural process that happens to half of the world's population, it has been considered a taboo in cultures across the world for centuries (Weideger 1978; Tjon a Ten 2007). The word 'taboo' itself may even originate from a Polynesian term for menstruation, 'tupua' (Delaney et al. 1976: 1). I define the menstruation taboo as the social custom which prohibits discussions about menstruation and demands that it be kept a secret, as menstruation is perceived as shameful and dirty.

In order for women and girls to lead healthy and dignified lives, in which they are not held back by their menstrual flow, it is crucial for them to be able to manage it well (Mahon and Fernandes 2010: 100). Menstrual Hygiene Management (MHM) is a term that has recently emerged to refer to the process of handling menstruation. According to the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) (2012: 16), good MHM requires access to necessary resources (e.g. menstrual materials to absorb or collect menstrual blood effectively, soap and water), facilities (a private place to wash, change and dry re-usable menstrual materials in privacy during menstruation, and an adequate disposal system for menstrual materials, from collection point to final disposal point), and education about MHM for males and females. This is the criteria I use when I refer to effective MHM or when I employ the adjectives 'adequate', 'appropriate' or 'sufficient' when referring to MHM resources and facilities.

Menstruation remains a taboo in high income countries (e.g. Kissling 1996). In Western educational materials, advertising and marketing, it is presented as something that must be

kept secret as it is dirty and shameful (Erchull et al. 2002).² Nevertheless, women and girls in high income settings are better equipped to manage their menstrual hygiene effectively enough to hide their stigmatised state (Sommer 2010a: 522; Dunnavant and Roberts 2013: 122). In low income settings, however, the menstruation taboo creates an almost inescapable paradoxical situation: the taboo demands that women and girls have good MHM to hide their stigmatised state, whilst simultaneously blocking their access to the resources, facilities and information they require to do so by preventing any discussion about (and subsequently action to meet) menstrual needs. Due to the menstruation's taboo, menstrual needs have largely been neglected in numerous key sectors (including Water, Sanitation and Hygiene (WASH), development and relief sectors) (House et al. 2012; WSSCC 2013a, 2013b). Even though menstruation is a cross-cutting issue, relevant to each of these fields, none have voiced the need for action (Crofts and Fisher 2012: 3; House et al. 2012: 22).

For the purpose of this study, I assess the extent to which the menstruation taboo is addressed by the international human rights system, by which I mean the United Nations (UN) system, which consists of treaties and human rights monitoring mechanisms called human rights bodies (OHCHR no date). I concentrate on the concept of human rights because it is one of the few moral visions that has received wide acceptance internationally and because most states engage with the international human rights system, meaning that it is an invaluable tool in addressing gender inequality (Bunch 1990: 486-87). This topic is highly relevant to International Relations because unmet menstrual needs put women and girls at a huge disadvantage to men and contribute to their subordination and exclusion (socially, economically and politically) on a global scale, denying them access to schools and the workplace, and preventing them from being equal members of society.

² Reactions of disgust and discomfort (particularly men's) to my dissertation topic made me realise the extent of the taboo in the UK today.

I argue that, although many women and girls are held back by menstruation when they lack what they need to manage their menstrual flow effectively, particularly in low income settings, there is an overwhelming silence surrounding menstruation in international human rights treaties and in key reports by human rights bodies. I also argue that this silence is not neutral, but that it forms part of the cyclical process of (re)producing the menstruation taboo, which leads to the human rights violations the system is supposed to defend against, and that it has political consequences because as long as the silence continues, action will be restricted.

Structure

Following this introductory Chapter, Chapter two outlines my rights framework. Here, I situate my analysis within academic debates about rights discourse, reproductive rights and the international human rights system. In Chapters three and four I investigate the implications of the menstruation taboo for the fulfillment of women and girls' human rights. In Chapter three I do this through a literature review, and in Chapter four through a case study on schoolgirls' MHM in a low income setting in Uganda, based on field research I conducted in spring 2013. I find that the menstruation taboo prevents women and girls from fulfilling a number of their human rights. Having established that the menstruation taboo contributes to the violation of their human rights, in Chapters five and six I assess the extent to which the menstruation taboo is addressed by international human rights treaties and human rights bodies. Chapter five is a document analysis of international human rights treaties and reports by the UN Treaty bodies the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Committee on the Rights of the Child (CRC), and the UN Special Procedures mandates of the Right to Education (RtoE), the Right to Health (RtoH) and the Right to Water and Sanitation (RtoWS). Chapter six discusses the implications of the silence, looking at how it reflects the androcentric nature of the human rights system, (re)produces the menstruation taboo, and has political consequences. The final Chapter concludes my dissertation.

Methodology

I combine a variety of methods in my dissertation. Here, I give a methodology overview and in each Chapter I give more detail about the specific methods used.

To investigate the implications of the menstruation taboo for the fulfilment of women and girls' human rights, I adopt two approaches: a literature review and a case study of field research. For my literature review, I carried out a preliminary investigation of academic studies into the impact of the menstruation taboo on women and girls' human rights. I selected four key areas that emerged (rights to health, education and work and reproductive rights) as the focus for my analysis. As these studies showed that the menstruation taboo had worse effects on the fulfilment of women and girls' human rights in low income areas, I decided to focus on low income settings. I then conducted an in-depth literature review of studies that focused on these areas, drawing out the details of menstrual-related human rights violations. Secondly, I conducted field research using qualitative and quantitative methods into schoolgirls' MHM in south-west Uganda. The aim was to obtain additional empirical data about MHM in a low income setting (which was highly valuable due to the scarcity of studies on this subject), and to test the findings of other studies about the impact of unmet menstrual needs on girls' education in a new context.

To assess the extent to which the menstrual-related violations identified in my literature review and case study were addressed by human rights treaties and bodies, I researched the role and scope of the treaties and branches of the human rights system to establish which would be most relevant to menstruation. I selected all 17 core international human rights treaties, the Treaty bodies CEDAW and CRC, and the Special procedures mandates on the RtoE, the RtoH and the RtoWS. I conducted an electronic search of key words in all treaties and relevant reports available on the website of the Office of the High Commissioner for

Human Rights (OHCHR no date)³ and categorised them into three groups: reports with no clear references or allusions to menstruation, reports with only allusions to menstruation and reports with clear references to menstruation. I then calculated the number of reports that fit into each category and analysed the language of the allusions and clear references to investigate the extent to which menstruation is addressed. I found a great silence surrounding menstruation in the treaties and reports.

Finally, to analyse the silence, I researched feminist critiques of the international human rights system and applied them to the silence I had found to show how it also reflects the system's androcentric nature. I then adopted a poststructuralist approach to show how this silence (re)produces the menstruation taboo and has political consequences. Here, I draw on Foucault's concept of discourse (2002 [1969]), Weldes' work on articulation (1996) and Derrida's notion of hierarchal binary oppositions (2004 [1982]), in addition to Kristeva's concept of intertextuality (1981 [1980]).

³ My choice of reports is explained in Chapter six.

Chapter two: Rights Framework

Introduction

In this Chapter I present the rights framework for my analysis and situate my discussion of the menstruation taboo within relevant rights-related debates. Firstly, I justify my decision to frame my analysis within rights discourse. Secondly, I place my analysis within the context of discussions surrounding reproductive rights. Thirdly, I locate women's rights within the broader context of feminist debates about the international human rights system and position myself with feminists who campaign for women's rights to be recognised as human rights as a strategic (yet not flawless) move on the agenda for women's advancement.

Rights Discourse as a Strategy

Rights discourse has long been attacked by critics for its indeterminate language, individualist basis, unjustified claims of universality and artificial separation of the public and private spheres (e.g. Pollis and Schwab 1979; Unger 1983; Olsen 1984; Tushnet 1984). Although such critiques are theoretically sound, they fail to provide a practical alternative for social movements for 'collective political claims' (Correa and Petchesky 1994: 110). Whilst rights discourse is by no means flawless, I adopt it as the frame of my analysis as a strategic move to communicate my calls for action (to break the menstruation taboo and ensure that women and girls can manage menstrual hygiene effectively so their human rights are not violated and their menstrual needs are not obstacles to their emancipation) through a powerful, widely recognised language so that they are more likely to be heard, and (hopefully) realised. Rather than rejecting rights discourse for failing to be universal, I join feminists who call for its reconstruction so that it can be transformed to live up to its universal (cl)aims (e.g. Bunch 1990; Charlesworth and Chinkin 2000).

Reproductive rights

Women's reproductive health has been a sensitive subject and a strictly controlled area in many societies and legal traditions due to its 'dangerous' potential that many have feared could lead to the unravelling of the very fabric of society (Cook 1993: 73). Menstruation is no exception. Menstruating women and girls have faced many restrictions as menstrual blood has been considered perilous and contaminating for those who come into contact with it (Grahn 1993; Tjon A Ten 2007; Johnston-Robledo and Chrisler 2013: 10). Reproductive rights initiatives have developed to fight for previously denied freedoms related to women's reproductive health.⁴ Although menstruation is an integral part of reproductive health, and the scope of reproductive rights is ever-expanding, it has been marginalised in discussions of reproductive rights.

In my analysis, I show how the following ethical principles of reproductive rights apply to menstruation and are violated by poor MHM, which largely comes as a result of the menstruation taboo: bodily integrity (right to security and control over one's body, which works on both a personal and social level as this security and control are necessary for the individual and for women's emancipation in general), personhood (right to self-determination), and equality (between men and women, and among women) (Correa and Petchesky 1994: 113).

I also demonstrate how reproductive rights are closely intertwined with social and economic rights. As noted by Freedman and Isaacs: 'without the right of reproductive choice, each of the other social and economic rights has only limited power to advance the well-being of women' (1993: 19). However, reproductive rights alone are insufficient. As Chapters three and four demonstrate, without 'enabling conditions', (such as sanitary facilities and menstrual materials in the case of MHM), reproductive rights remain hollow words (Correa and

⁴ Although the title 'reproductive rights' emerged relatively recently, and is of Western origin, the underlying concepts reach further back into history and across geographical settings (Correa and Petchesky 1994: 108).

Petchesky 1994: 107). Indeed, for women to be able to take control of their bodies, they need the power to make decisions concerning them, access to sufficient information, and access to the relevant resources and services to act as they desire (Freedman and Isaacs 1993: 19). I show that this combination of power and access is crucial for MHM.

Feminist deconstruction and reconstruction of the international human rights system

If calls for women's reproductive rights, including their menstrual-related rights, are to be effective globally, they must be considered part of women's *human* rights.⁵ I hence place my analysis within campaigns for women's rights to be recognised as human rights as a strategic (although imperfect) move for women's advancement (e.g. Bunch 1990, 1995; Charlesworth and Chinkin 2000). This approach has been criticised for overlooking the fact that women and their experiences differ greatly depending on variables that intersect with their gender, such as race, class, sexuality and nationality (e.g. Lugones and Spelman 1983). However, given that patriarchy and the subordination of women (whilst manifested differently according to context) are almost universal, it is both feasible and strategic to refer to 'women's human rights' in seeking to eliminate women's subordination to men (Cook 1994: 5; Charlesworth 1995: 103; Charlesworth and Chinkin 2000: 208-209). I now outline key shortcomings of the human rights system underlined by feminists, and then explain this tactic further.

Feminists have challenged the international human rights system's claims to universality and objectivity by highlighting its androcentric nature (e.g. Peterson 1990; Charlesworth 1995; Brems 1997; Charlesworth and Chinkin 2000; Quereshi 2012). They have argued that this gendered nature, evident in its masculine language, narrow focus on the 'public' sphere, and prioritisation of political and civil rights over economic and social rights, has resulted in the marginalisation or altogether exclusion of women's experiences from human rights

⁵ Women's rights were acknowledged as human rights in The Beijing Declaration and Platform for Action (UN 1995), paragraph 14.

framework (e.g. Bunch 1990; Peterson 1990; Romany 1993; Charlesworth 1995; Friedman 1995; Charlesworth and Chinkin 2000; Quereshi 2012). Consequently, women's human rights are often unprotected in the 'private' sphere where they are most at risk of being violated, which often prevents women from being able to fully participate in the public sphere (Bunch 1995: 14; Sullivan 1995). Furthermore, this implies that women's human rights are less important than men's human rights, (re)producing the idea that women are inferior to men and, in doing so, reinforcing their subordination to men (Stamatopoulou 1995: 45). I place 'public' and 'private' in inverted commas to highlight that they are constructed concepts, rather than objective realities (Binion 1995).

Rather than taking the flaws of the current human rights system as reason to abandon human rights discourse altogether, I take its current silences about women's experiences and needs as the very reason why feminists need to engage with it more, as advocated by Brooks (2002). In addition, I seek to engage with human rights discourse because in many contexts⁶ it is a powerful tool for bringing positive (albeit limited) change for women for a number of reasons, including: its normative legal basis and widely accepted vocabulary to frame political and social wrongs, the fact that states are (technically) obliged to comply, and that states' domestic legislation should reflect their international commitments (Peterson 1990: 304; Charlesworth and Chinkin 2000: 210; Brooks 2002).

I aim to contribute to the deconstruction and reconstruction of the international human rights system, by deconstructing the values of the current system, and highlighting key areas to be considered in the reconstruction process (Charlesworth and Chinkin 2000: 60-61). Brooks argues that the feminist project must 'in large part be to map the silences of international law, and fill those silences with our own voices' (2002: 347). My analysis is a contribution to this feminist project of mapping the silences of international human rights law, and the broader

⁶ The notion of rights does not resonate in all cultures, and in these contexts, it may be less effective (Charlesworth and Chinkin 2000: 212; Brooks 2002: 356).

human rights system of human rights bodies, and filling such silences with the voices (predominantly of women and girls) that draw attention to women and girls' experiences and needs, in this case, in relation to menstruation.

Conclusion

In this Chapter I have explained my choice of rights discourse and situated my analysis within discussions about reproductive rights and the international human rights system, justifying my decision to join campaigns for women's rights to be recognised as human rights. I now investigate the impact that the menstruation can have on the fulfilment of women and girls' human rights by conducting a literature review.

Chapter three: Implications of the menstruation taboo for the fulfilment of women and girls' human rights

Introduction

Although menstrual-related violations are not confined to low income settings, they are my focus in investigating the implications of the menstruation taboo for the fulfilment of women and girls' human rights, as this is where such violations are most prevalent. In low income settings, women and girls often struggle to manage their menstrual hygiene effectively due to the menstruation taboo, which prevents menstrual needs from being articulated and thus from being met. Poor MHM affects *all* aspects of women and girls' lives, violating a variety of their rights. However, for the purpose of this dissertation, I focus on their rights to health, education and work, and their reproductive rights. For analytical purposes I have separated health, education and work into separate categories, even though in practice they overlap considerably. Although I concentrate on these areas, it should be noted that women and girls' menstrual-related human rights have also been overlooked in contexts where they are particularly vulnerable, such as in the cases of women and girls with disabilities, in emergency situations and in conflicts (House et al. 2012).

Health

Poor MHM knowledge, particularly prevalent in low income settings where education is limited, results in unhygienic menstrual practices which violate women and girls rights to health (see table 2, appendix C for relevant articles) (e.g. Adinma and Adinma 2008; Seymour 2008; Aniebue 2009; Wateraid 2009). The menstruation taboo has silenced discussions about the topic in many cultures, as it is considered a strictly private matter that is shameful to talk about. Consequently, many women and girls lack accurate information regarding menstruation (e.g. El-Gilany et al. 2005; Lawan et al. 2010). The silence can be so strong that many girls reach menarche without having been informed about menstruation (e.g.

Baridalyne and Reddaiah 2004; Aniebue et al. 2009; WSSCC 2013a). In many cases, the information they receive post-menarche is incomplete, inaccurate, and sometimes only imparted once (e.g. El-Gilany et al 2005: 150; Khanna et al. 2005; Wateraid 2009; Mudey et al. 2010; Thakre et al. 2011).⁷ Mothers, who tend to be the key source of information regarding menstruation and MHM, are often unable to provide sufficient information due to their own lack of knowledge (e.g. Omidvar and Begum 2011: 175; Ango et al. 2012: 411; Shanbhag et al. 2012: 1360). A vicious cycle has been formed because, as long as MHM education is not improved, girls will pass on inaccurate information to the next generation when they become mothers. In addition, teachers often play a highly insignificant role in MHM education as they feel uncomfortable doing so and often lack necessary resources (Kumar and Srivastava 2011: 600; WSSCC 2013a: 3).

Unhygienic menstrual practices that often come as a result of poor MHM knowledge include using unhygienic menstrual materials, such as old or worn cloth or rags (e.g. El-Gilany et al. 2005: 150; Khanna et al. 2005: 98; Nahar and Ahmed 2006: 3); not washing external genitalia frequently enough during menstruation (e.g. Thakre et al. 2011); not changing menstrual materials frequently enough (e.g. Moawad 2001: 202; Thakre et al. 2011: 1031; House et al. 2012: 33); and storing and drying menstrual cloth in unhygienic places, which can be damp and dusty (e.g. Khanna et al. 2005: 99; Nahar and Ahmed 2006: 3; Thakre et al. 2011: 1031).

Although evidence is poor and inconclusive, studies suggest that poor MHM could lead to reproductive tract infections and other reproductive health problems (Sumpter and Torendel 2013). Furthermore, menstruation can be particularly burdensome for women and girls who have been subject to female genital mutilation, especially if they have been infibulated. If the vaginal aperture is insufficient for menstrual blood to pass, they can suffer particularly ‘protracted and painful’ periods of menstruation, blockage retention and the accumulation of clots behind the infibulation, making them more at risk of infections, in

⁷ The reason for bleeding may not even be given (e.g. Garg et al. 2001: 20; Thakre et al. 2011: 1028).

addition to further complications during pregnancy and childbirth (Obuekwe Ifeyinwa and Egbagbe Eruke 2001). These studies underline how the menstruation taboo leads to poor MHM, which violates women and girls' right to health.

Education

It is now widely accepted that, in addition to girls' having a human right to education,⁸ educating girls has wider benefits for a country's economic development, 'civil society formation' and the population's overall health (e.g. Behrman and Wolfe 1989; Behrman and Rosenzweig 2002). As a result, policy makers and international institutions have paid greater attention to narrowing the gender gap in education (e.g. UNICEF 2003; UNESCO 2004; DFID 2005; UNESCO 2007; UNICEF 2010a). Literature on education in low income settings often notes a rise in girls dropping out of school when they reach puberty (Mensch et al. 1998; Bendera 1999; UNFPA 2003). Previously overlooked menstrual-related concerns are becoming increasingly recognised as factors contributing to this (e.g. Beyene 1989; Herz et al 1990; World Bank 2005; Sommer 2010a; UNICEF 2010b, 2012; Wateraid 2013).

Although empirical data regarding the impact of menstruation upon girls' absenteeism is scarce and based on small sample sizes, most studies have found evidence of menstrual-related absenteeism and poor school performance. Wateraid (2009: 11) found that 53% of girls surveyed in the Dhading, Morang, Lalitpur and Kathmandu districts in Nepal reported missing school during menstruation. Another study carried out in the Chitwan district of Nepal found that 70.7% girls reported missing school during menstruation (Adhikari et al. 2007: 383). In Malawi, Pillitteri (2011: 12) found that approximately 90% of the girls surveyed had missed school for menstrual-related reasons. In Kenya, Wilson et al. (2012) found that 50.2% of the schoolgirls surveyed reported missing school at least once during menstruation. In Uganda, Crofts (2010: 72) found that 14% of schoolgirls surveyed had

⁸ For further information on the relevant articles, see table 2, appendix C.

missed school during menstruation. It is likely that this figure is considerably lower than the other examples because the study surveyed private schoolgirls who have greater financial means to buy menstrual products and better access to sanitary facilities.

A number of sources detail the amount of school that girls in low income settings miss during menstruation.⁹ It has been reported that girls often miss 3-5 days of school during menstruation in Uganda (Afripads no date; Kanyike et al. 2005) and Ghana (Montgomery et al. 2012) , and 3-4 days in Timor Leste (AusAid 2011: 33). A lower, yet still significant, level of menstrual-related absenteeism was found amongst schoolgirls in Kenya, who reported missing an average of 1.66 days per month (Wilson et al. 2012). In Pillitteri's study in Malawi, which gives a more detailed breakdown of girls' menstrual-related absenteeism, approximately 57% of girls reported missing school during menstruation for 1-2 hours, 11% for 3-5 hours, over 14% for 1-2 days and 15% for over 3 days (2011: 12). Menstrual-related absenteeism has harmful effects on girls' education as they miss sections of the syllabus that are difficult to catch up on because there is little academic support available (Kanyike et al. 2005; Wateraid 2009: 9).

Furthermore, when girls attend school during menstruation, poor MHM prevents them from being able to reach their potential. During menstruation they struggle to concentrate in lessons and are reluctant to participate because they worry about other children (particularly boys) seeing menstrual blood stains on their clothes when they write on the board or stand to answer a teacher's question (Kirk and Sommer 2006: 8 ; Sommer et al. 2012: 13).

Key reasons documented for menstrual-related absenteeism and poor school performance are a lack of effective menstrual materials, a lack of adequate sanitary facilities in school,¹⁰ minimal toilet breaks permitted at school, menstrual pain, the long distances that girls have to

⁹ Although some references do not state the source of the figures they give, I am only using them for indicative purposes here.

¹⁰ They often lack soap, water, private place to manage menstruation, sufficient light and a disposal system.

walk to school and fear of bullying by boys (e.g. Narayan et al 2001; Patkar 2005; Kinoti 2008; Averbach et al. 2009; Sommer 2010c; Sommer et al. 2012). Furthermore, some girls do not even have underwear and are thus further limited in their options for menstrual materials (Sommer et al. 2012: 5). Even if schools have a place for menstruating girls to wash and change, if the act of going there reveals a girl's menstrual status, putting her at risk of shame and ridicule, she often avoids doing so (Sommer et al. 2012: 9). Such menstrual-related obstacles have detrimental effects on girls' schooling, contributing to the gender gap in education both at primary and secondary school levels and violating their right to education.

Work

Even less researched than the impact of the menstruation taboo on women and girls' rights to education and health are their rights related to work (See table 2, appendix C for relevant articles). The majority of MHM studies focus on adolescent schoolgirls. Women over the age of 20 and women and girls who work are largely overlooked, even though menstruation lasts long after adolescence and menstrual-related challenges in the workplace and school are similar. The few studies conducted in this area demonstrate that when women and girls do not have adequate information, resources or facilities for effective MHM, their health and performance at work suffer (BSR 2010; House et al. 2012: 172; WSSCC 2013a).

Adequate menstrual materials and sanitary facilities are as essential for women and girls in the workplace as in school. A study carried out among factory workers in Bangladesh by Business for Society (BSR), found that 60% were using rags from the factory floor as menstrual cloth, which is particularly significant as 80% of factory workers in Bangladesh are women (WSSCC 2013a: 2). These rags, frequently the only option for the women, were 'highly chemically charged and often freshly dyed', making infections were common (WSSCC 2013a: 2). BSR also found that female factory workers in Bangladesh sometimes feel obliged to take contraceptive pills so that they do not have to go to the toilet on a regular basis during menstruation because the toilets are not suitable for MHM (BSR 2010: 2). A key

unmet need identified was the lack of a place to change and dispose of sanitary materials. The study found that 73% of women working in these conditions were missing work for six days a month, which inevitably does significant economic harm to both the women, who are paid according to the amount they produce, and the overall productivity, and to the business (WSSCC 2013a: 2). The study found that when subsidised sanitary pads were made available in the Bangladeshi factories, the percentage of women who were absent during menstruation dropped to 3% (WSSCC 2012a: 3). This sharp improvement highlights the importance of access to menstrual materials.

Although separated here for analytical purposes, education and work overlap. A key example of this is female teachers' menstrual-related absenteeism (Adams et al. 2009). Whilst they can often afford more effective sanitary materials than pupils, the poor quality of the sanitary facilities available can still prevent them from being able to teach during menstruation. The menstrual-related absence of female teachers has damaging consequences for pupils who risk missing out on vital hours of education on a regular basis. This is a waste of a vital resource that the world cannot afford, especially in the context of the current global teacher shortage (UNESCO no date).

Reproductive rights

The menstruation taboo also leads to the violation of women and girls' reproductive rights. To demonstrate this, I show how it violates the following ethical principles of reproductive rights proposed by Correa and Petchesky: bodily integrity, personhood, and equality (1994: 113). Whilst Correa and Petchesky also discuss diversity (respecting the diverse needs and desires of women when taking action) (1994: 116), I do not because, before taking action about menstrual-related concerns, decision-makers need to actually discuss menstruation.

Bodily integrity is violated when women and girls cannot manage their menstrual flow due to lack of resources, facilities and information, as the above studies show. This is significant on

personal and social levels because poor MHM prevents them from reaching their potential as individuals and, on a social level, from participating fully in their communities, and achieving emancipation. Moreover, the principle of bodily integrity is violated when discussions of women's reproductive health omit menstruation because this involves treating the body as fragments and neglecting its integrity (Correa and Petchesky 1994: 113).

The principle of personhood is often violated because women and girls are not engaged as principal actors in policy and decision-making processes relevant to MHM, such as in the design and construction of toilets. Due to the menstruation taboo, they do not have the space to express their needs and, as a result, menstrual needs are overlooked in policies and decisions made, as can be seen, for example, in WASH, development and relief projects, which I demonstrate in Chapter six.

The principle of equality is violated in terms of relations between men and women because when women cannot manage their menstrual hygiene effectively, they are at a disadvantage to men. This contributes to their subordination as, until women can take control of their own bodies and, in this case, manage their menstrual flow, they are held back in terms of their education, economic prospects and ability to participate in community life. A tension exists between the equality of women and men sought for by the reproductive rights strategy and the differences between them as, for example, ultimately only women menstruate (Correa and Petchesky 1994: 116). The principle of equality is also violated in relations among women as, due to variables such as class, age, nationality or ethnicity, women do not have equal access to resources, services and information for effective MHM (Correa and Petchesky 1994: 116), as demonstrated in the studies reviewed.

This is a vicious cycle as poor MHM reinforces the inequalities as it holds back unequipped women from reaching their potential, and thus widens the gaps between them and men and them and women who are equipped to manage menstruation.

Conclusion

This Chapter has shown the detrimental effects that the menstruation taboo has on women and girls' human rights to health, education and work, and their reproductive rights, which are interlinked. As a result of these menstrual-related human rights violations, women and girls are greatly disadvantaged in comparison to men and boys and their subordination is reinforced. If their menstrual-related rights are to be fulfilled, it is essential for women and girls to be given both power to make decisions about MHM, and access to what they require to carry this out. I now present a case study of field research I conducted into girls' MHM in south-west Uganda as additional evidence.

Chapter four: Case study of menstrual-related human rights violations in Uganda

Introduction

This Chapter further demonstrates the implications of the menstruation taboo for the fulfilment of women and girls' human rights by presenting a case study about the MHM of schoolgirls in south-west Uganda based on field research I conducted with another researcher for the non-governmental organisation (NGO) Irise in March-April 2013 (Irise no date).¹¹ The study, which involved consulting schoolgirls, headteachers, senior women teachers (official Ugandan title for senior female teachers), a female teacher and the UNICEF Uganda WASH Programme Director, offers an additional dimension to my dissertation by providing first-hand research and highlighting details overlooked in other studies. I firstly outline the data collection methods and then present the findings and analysis.

Data collection methods

Study design

We adopted mixed methods, combining qualitative methods with quantitative methods for a more detailed assessment of the situation (Creswell and Plano Clark 2011: 12). Data collection took place during school hours in private classrooms or in a private outdoors location of the school compounds. The focus group discussions and interviews were recorded with a Dictaphone and were transcribed for analysis.

Before conducting the research, we explained our project to each party involved and obtained verbal consent from the school headteachers, senior women teachers, female teacher and UNICEF WASH Programme Director and written consent from the girls. Confidentiality and

¹¹ We obtained ethical approval from the University of Bristol (Appendix D).

anonymity were emphasised at every stage. Participation was voluntary and girls were allowed to withdraw from the research at any stage if they wished to, without having to give a reason. Due to the sensitive nature of menstruation, the researchers and translator were female. There were no male pupils or teachers present during the questionnaires, FDGs or interviews with female teachers.

Questionnaires

140 post-menarche girls completed the questionnaire,¹² which had been pre-tested in Kenya (Wilson et al. 2012), reviewed by our local translator and amended before use to make it more accessible for respondents. To ensure the girls of the confidentiality of their answers so that they would feel more comfortable to express themselves on this sensitive topic, the questionnaire was anonymous and a random number coding system was applied so no names were on the questionnaires (Sommer 2010a). The questionnaire was in English, but was translated by a local translator and the girls were allowed to ask questions whilst completing the questionnaire. Girls could answer open questions on the questionnaire in the local language, Rukiga, so that language was not a barrier. Their answers were then translated into English to be analysed.

Focus group discussions (FDGs)

After the questionnaires, we conducted FDGs with six to nine girls in each school. The girls who participated in the FDGs were selected by the senior woman teachers. We asked them to choose any post-menarche girls who had completed the questionnaire. We employed participatory methods, which are research activities designed to engage participants in the research process as equal partners and to draw out their 'voiced experiences' (Sommer 2009: 386). We used participatory methods because they empower research participants and

¹² 173 girls aged 13-16 completed the questionnaires. However, only 140 were included in the study as 33 had not yet reached menarche.

facilitate interaction between them, which is important given the power dynamics of the research process, as acknowledged by feminist methodologies, and the taboo nature of menstruation (Sommer 2010a, 2010b). Consulting girls about MHM is essential, as they know most about their menstrual-related experiences and needs (Kirk and Garrow 2003; Sommer 2010a).

The participatory activities were as follows:

- (1) mind-mapping¹³ the effects that menstruation has on their education: girls were asked to mind-map the effects that menstruation has on their education;
- (2) designing the ideal girls toilet: girls were asked to work in groups to draw their ideal school toilet for girls who were menstruating;
- (3) MHM project design: girls were asked to mind-map what they would recommend an NGO to do to support them in their education during menstruation.

All contributions were accepted in the mind-map activities.

Semi-structured in-depth interviews

Semi-structured in-depth interviews were conducted with the UNICEF Uganda WASH programme director, all six headteachers, senior woman teachers of five schools, and a female teacher in one school because the senior woman teacher was on holiday. We interviewed the WASH director to acquire a national perspective of girls' MHM in Uganda, the headteachers to gain their perspective on the MHM of the schoolgirls as they are the highest school authority, and the senior women teachers as they are responsible for the girls' welfare, reproductive education and for supporting the girls during menstruation. Although not

¹³ A mind-map is a visual diagram around a central idea that can be used to record and link different ideas.

planned, the interview with the female teacher provided an additional perspective from another important female figure in the girls' lives.

Toilet assessment

We used the girls' toilet assessment criteria from Pillitteri (2011: 24) and Wateraid MHM toolkits (House et al. 2012) to develop a toilet assessment survey. We examined the schools' toilets for girls using the survey, which assessed their design and construction, operation and maintenance, water supply, privacy, access for children with disabilities, and disposal system. To ensure that we were observing the toilets in their normal state, we asked permission to visit them once we had completed the questionnaires and FDGs, rather than asking in advance, to prevent the schools from making any attempts to present the toilets in a more positive light.

Study population

We conducted our research in government primary schools that rely upon Universal Primary Education funding in the Rukungiri District of south-west Uganda. Although studies into the impact of menstruation on girls' absenteeism often focus on secondary schools, and sometimes private schools, because secondary schoolgirls are more educated and articulate,¹⁴ we focus on primary schoolgirls in a rural, low income setting as they are less likely to be have access to the resources and facilities they require for effective MHM. The girls who participated were old enough to attend secondary school (13-16 years old), yet remained in the upper end of primary school because they were behind with their studies.

¹⁴ Most studies analysed in Chapter 3 were conducted with secondary school girls for these reasons (e.g Wateraid 2009; Crofts 2010; Pillitteri 2011).

Results

Questionnaire results

As shown in appendix A, not all girls responded to the questions that were directly menstrual-related (numbers vary from 133-140 participants). This reveals the strength of the menstruation taboo as girls were even hesitant to discuss menstruation in an anonymous questionnaire.

Menstrual-related absenteeism

(See figure 1 and table 1, appendix A)

61.7% reported missing school during menstruation. The mean number of days that girls reported missing per month was 1.64 (Number = 133, Standard deviation = 1.835). Key reasons given for missing school during menstruation included a lack of a private place to wash and change at school (63.8%), fear of staining clothes (59.4%), menstrual pain (51.4%) and a lack of sanitary pads (45.7%).

Knowledge

(See table 2, appendix A)

The girls had poor knowledge of menstruation. 36.3% stated that it was a disease, a belief that has also been found in studies in Tanzania and India (Drakshayani 1994; Sommer 2009). 62.4% believed that menstrual blood contained harmful substances. 49.3% asserted that pain during menstruation was an indication that a girl is unhealthy. 48.9% believed that it is harmful for a woman's body if she runs or dances during her period. 27.8% thought that menstrual blood came from the stomach.

Product use and availability

(See figure 2 and table 3, appendix A.)

The most common products girls reported using were cloth (87.1%), purchased sanitary pads (47.1%), toilet paper (37.1%) and cotton (35.7%), showing that girls use mixed methods for absorbing menstrual blood. 87.8% stated they had wanted to buy sanitary products in the past but had been unable to. Financial constraints and availability were key obstacles preventing girls from doing so as 61.6% reported that they do not have enough money to purchase them and 34.6% that they were not available in local shops. The overlap in the percentages of girls who say they use sanitary pads and those who say they cannot afford them may be due to the study's limitations, which are later discussed.

Focus group results

The key themes that emerged were (1) The taboo nature of menstruation; (2) Challenges facing schoolgirls during menstruation; (3) Schoolgirls' recommendations for solutions.

(1) The taboo nature of menstruation

Although we conducted an icebreaker activity, stressed confidentiality and the importance of the girls' contributions, long silences preceded every answer and responses were short and restricted. This can partly be explained by the academic environment that the girls are used to, where they learn by rote and not asked to share their own opinions or experiences (e.g. O'Sullivan 2006).¹⁵ However, the girls' struggle to discuss menstruation highlights its taboo nature. Their nervous laughs, avoidance of eye contact, and the fact that they often turned their faces towards the floor when speaking draws attention to the fact that menstruation is a shameful and embarrassing experience and topic of conversation, even in a private, confidential, female-only environment. Similar challenges have been experienced by other researchers who have conducted FGDs with girls on the topic of MHM, particularly with in

¹⁵ During our research we were invited to attend some lessons in the schools, where we observed that learning by rote was common practice.

rural primary schools (Garg et al. 2001: 22; Khristo and Rahman 2012: 7; Sommer et al. 2012: 11).

(2) Challenges facing schoolgirls during menstruation

FGD participants shared that they missed school during menstruation. Key challenges that girls identified were the lack of adequate sanitary materials, school sanitary facilities to change and wash themselves, and pain relief. Girls who attended school during menstruation said they struggled to concentrate in lessons and did not want to participate in class activities for fear that others might recognise their menstrual status if their menstrual cloth fell out or if their menstrual blood had stained their clothes. Such concerns were also found in other studies (e.g. Kirk and Sommer 2006: 8 ; Sommer et al. 2012: 13).

(3) Schoolgirls' recommendations for solutions

Girls recommended that, to enable them to have effective MHM, NGOs provide them with:

- Effective menstrual materials,
- Adequate sanitary facilities,
- MHM education, and
- Pain relief.

Key features the girls recommended for their ideal toilets were: privacy (functioning cubicle doors and a roof); a room in the toilet block with water, soap, a basin and toilet paper for them to clean themselves and their menstrual materials; better lighting so they can see when they clean and change their menstrual materials and check for stains; and the provision of more toilet cubicles for girls. Similar findings were made using participatory research methods with schoolgirls in Tanzania (Sommer 2010a).

Some FGD participants recommended a place to dispose of menstrual products, particularly if they were given disposable pads, however, most girls overlooked this and envisaged throwing

them in the pit latrines. This reveals the need for interventions to combine provision of menstrual materials, establishment of disposal systems and education about sustainable disposal so that pit latrines do not become rapidly blocked, and thus out of order, as has occurred elsewhere (WSSCC 2013a: 4).

Interview results

Key themes from the interviews were: (1) The sense of shame surrounding menstruation; (2) Challenges female teachers and schoolgirls face during menstruation; and (3) Male headteachers' lack of interest in and knowledge about menstruation.

(1) Sense of shame attached to menstruation

The WASH Programme Director, headteachers and senior women teachers all affirmed that girls often miss school during menstruation to avoid the shame and embarrassment of menstrual accidents. As FDG participants said, senior women teachers explained that girls feared staining their clothes or their cloth falling out. One senior woman shared that if a girl has an accident she 'will feel shy and miss some of the days because other pupils will make fun of her'. The fact that menstrual-related absenteeism is so closely linked to shame reveals how powerful the stigma is. Shame-related absenteeism following a menstrual leak could happen in the West but is less likely as girls are better equipped for effective MHM. Another senior woman teacher informed us that girls even struggle to wash their menstrual materials at home as they do not have soap. She advised them to hide soap that was left after washing clothes so they could use it during menstruation. The fact that girls cannot directly ask their parents for basic materials to keep clean during menstruation, and have to do so in secrecy, further underlines the sense of shame attached to menstruation and its taboo status.

(2) Challenges schoolgirls and female teachers face during menstruation

All interviewees shared that girls missed school during menstruation. The reasons given were the lack of adequate school sanitary facilities for girls to wash and change, the lack of adequate sanitary materials (as commercial sanitary pads were too expensive), and the lack of pain killers for menstrual pain. The WASH Programme Director highlighted that girls often miss their end of school exams if they are menstruating during the exam period. This can have detrimental effects to their future prospects as pupils in Uganda cannot go to secondary school unless they pass these exams (Kavuma 2010). Senior women teachers also raised concern that female teachers sometimes miss school if their menstrual materials are not effective. When they are absent, their pupils miss lessons or are asked to join another class, which increases the teacher-pupil ratio, reducing the quality of the education.¹⁶

Senior women teachers shared that male headteachers rarely allocate sufficient funding to this area because they are less aware and/or interested in girls' menstrual needs, (See theme 3 below). This may also be influenced by views in the wider community. One senior woman teacher informed us of an occasion when a headteacher had wanted to purchase sanitary products for schoolgirls but had been prevented from doing so as the local community did not think this was a suitable way for school money to be spent. This demonstrates that even when headteachers are aware of girls' menstrual needs and want to help, action may be prevented if the local community do not support such initiatives.

(3) Male headteachers' lack of interest in and knowledge about menstruation

Interviews with headteachers, who were all male, were significantly shorter than those with women teachers. They went into much less detail as they knew little about the girls' menstrual experiences and MHM. For example, when asked about what the government should do to support the girls with MHM, one headteacher replied 'special rooms with all the equipment that is needed for ladies'. When we probed further he could not give further

¹⁶ Female teachers' menstrual related absenteeism was also found by Adams et al. (2009).

details. Another headteacher gave a similar response: ‘All that is wanted. There are very many. Pads, cotton wool. Even some I do not know because I am not female’. Not only did this answer highlight the headteacher’s lack of knowledge about girls’ menstrual needs, but it also drew attention to his disinterest in the issue, as he perceived menstruation as a female issue. This perspective was also evident in the fact that headteachers repeatedly emphasised that the girls’ MHM was the responsibility of the senior women teachers and that they were not aware of how senior women teachers assisted the girls, nor of what the school offered them during menstruation. Although only women and girls menstruate, menstruation is not just a female issue because poor MHM has far reaching consequences for society as it holds back half of its members from fully participating. The headteachers’ reluctance to engage with this issue, despite the fact that some recognised that it was a reason behind their female pupils’ absenteeism, underlines that they did not consider MHM important. Their unwillingness to address menstrual-related obstacles to education draws attention to the lack of value they place in girls’ education.

Girls’ toilet assessment results¹⁷

(Tables 1-7, appendix B).

Girls’ toilet facilities in all schools were pit latrines, which were classified as ‘unclean’. They lacked soap, water and a menstrual materials disposal system. Only one school met the UNICEF toilet:girl ratio of 1:25 (UNICEF 2012: 20). Only one school had cubicles with sufficient light. Cleaning routines in each school were either non-existent or minimal. Only half the schools had a water supply, two of which were tanks for rain water that only operated if it rained and one was a tap that was out of order. Only one school had locks inside the cubicles and four out of six schools did not have all the toilet doors in place. Toilets for girls with disabilities were rare and inadequate. They were often inaccessible (due to uneven paths or a big step) and only differed from other girls’ toilets because there were handrails in place,

¹⁷ See appendix B for assessment criteria.

with no stool or chair with a hole available for better support. These results show that girls' toilets in all schools were inadequate for effective MHM.

Limitations of Case Study Findings

These findings should be considered with caution because, due to the taboo nature of menstruation, it is a sensitive topic of discussion, meaning that there is a greater risk of underreporting. In addition, not all concepts could be translated and the girls were both unfamiliar with the task of completing a questionnaire and timid about asking questions, even though we actively encouraged them to do so.

Discussion

The results of the questionnaires, FDGs, interviews and toilet assessment demonstrate that menstrual-related challenges pose a significant problem for girls' education in rural government primary schools in the Rukungiri District. Girls' right to education is violated because they are not empowered to make decisions about MHM or equipped to do so. The girls lack of information, resources and facilities for effective MHM mean that they are likely to miss school or to struggle to concentrate and participate in lessons during menstruation. They risk missing a significant proportion of their education, causing them to fall behind and drop out of school. Our results support the findings of similar studies into schoolgirls' MHM in low income settings and show that silence surrounding menstruation exists on a number of levels. We found silence in the FDGs, as girls struggled to discuss menstruation; in girls' education about menstruation, as their menstrual knowledge was insufficient; and the frequent silence of headteachers, who often give senior women teachers full responsibility of MHM and fail to address schoolgirls' menstrual-related concerns.

Conclusion

In this Chapter I have presented evidence from field research that shows that, due to the menstruation taboo, women and girls in low income settings are often unequipped for effective MHM and a number of their human rights are consequently unfulfilled. Having demonstrated that the menstruation taboo contributes to human rights violations in Chapters three and four, I now investigate the extent to which it has been addressed in international human rights treaties and by human rights bodies.

Chapter five: Document Analysis

Introduction

This Chapter presents a document analysis to assess the extent to which menstruation is addressed in the core UN human rights treaties and in reports by UN Treaty bodies and Special procedures. I look at Treaty bodies and Special Procedures to gain a broader perspective of how menstruation is addressed in the international human rights system. I firstly justify my choice of documents and outline my methodology. I then present and discuss my findings.

Human rights treaties

Human rights treaties establish international human rights standards. I chose to analyse them as they play a significant role within the UN human rights system: all UN states have ratified at least one of the core human rights treaties and over three quarters have ratified at least four (Kalin 2012: 16-17). Although treaties have not been ratified by all states, and states that are party to them often fail to fulfil their obligations, they remain important because they send out a strong political message about the boundaries of acceptable state behaviour. The most relevant treaties to menstruation have been ratified by a high proportion of countries. 160 states are party to the Covenant on Economic, Social and Cultural Rights, 187 to the Convention on the Elimination of All Forms of Discrimination against Women, and 193 to the Convention on the Rights of the Child (UNTC 2013a; 2013b; 2013c). This demonstrates their potential to influence the majority of states in the international system about menstrual-related human rights concerns.

Treaty bodies

Treaty bodies are committees of independent experts that monitor state parties' compliance with treaty obligations (Keller and Ulfstein 2012: 3; OHCHR 2013a). I focus on CEDAW and CRC because the scope of their mandates are particularly relevant to menstruation (Table 2, appendix C) and because, as previously mentioned, most states are party to them.¹⁸ The Treaty body documents I analyse, Concluding Observations, are reports directed at a specific state party. They outline the committee's observations regarding a state's fulfilment of its obligations and issue recommendations in areas where it is failing to comply (Keller and Ulfstein 2012: 4-5). I decided to analyse these reports because, although they are not legally binding and their recommendations are not always implemented, they still carry significant legal weight and send out a strong political message by highlighting pressing issues that require immediate attention (Keller and Ulfstein 2012: 420).

Special procedures

Special procedures are independent experts and working groups mandated by the UN to report and make recommendations on human rights situations from a thematic or country-specific angle (Piccone 2011: 206; OHCHR 2013b). I focus on Special procedures because they play an important role within the UN system in drawing attention to human rights abuses and speeding up changes on the ground (Piccone 2011: 210). They have more freedom than Treaty bodies in the issues they explore and the states visited since they are not bound by the text of a covenant or list of countries to examine (Piccone 2011:209). I focus on the Special procedure mandates of the Right to Education (RtoE), the Right to Health (RtoH) and the Right to Water and Sanitation (RtoWS) as menstruation fits within the scope of these mandates. Again, Special procedures recommendations are not legally binding, but send a strong political message to states.

Methodology

¹⁸ Unfortunately, although relevant, reports by the Committee on Economic, Cultural and Social rights (CESCR) could not be assessed as most were not available online.

I electronically searched for the following key words related to menstruation in every core international human rights treaties (1965-June 2013), every Concluding Observations report available online for the Treaty bodies CEDAW (1994-June 2013) and CRC (1993-June 2013), and in every country and annual report available online, including preliminary reports for country missions where available, for the Special Procedures mandates of the RtoE (1999-June 2013), RtoH (2003-June 2013) and RtoWS (2009-June 2013): menstruation, menstrual, menses, sanitation, sanitary, hygiene, hygienic, toilet(s), puberty, teenager, teenage, adolescent, adolescence, girl(s), woman, women and gender. These key words were selected to find any clear references and allusions to menstruation. I aimed to assess *all* such reports by Treaty body and Special procedures mandates, so the start date is when they were established and the end date is the date of analysis. Reports that were not available online could not be included in this assessment.

I categorised the results into the following groups: (1) Reports with no references or allusions to menstruation, (2) Reports with *only* allusions to menstruation, and (3) Reports with clear references to menstruation. Reports with clear references *and* allusions are included in the third group. For a more detailed understanding of my findings, I then used the World Bank's country classification database to categorise the countries into four groups: high income (HI), upper middle income (UMI), lower middle income (LMI) and low income (LI) (World Bank 2013).¹⁹ The classification code is only indicative as countries may have been a different category at the time of the report.

It should be noted that CEDAW changed its reporting system in 2004. Previously, CEDAW had combined all country assessments from a session into one report. As of 2004, CEDAW produced separate reports for each country assessed per session. As I examine CEDAW

¹⁹ I used the Organisation for Economic Co-operation and Development's and UN World Intellectual Property Organisation's ranking systems to classify the Cook Islands, Niue and the Holy See as the World Bank database did not include them, which may cause slight discrepancies as they are based on different criteria (WIPO no date; DAC 2012).

reports before and after this change, in order to be consistent, I treat country assessments within pre-2004 session reports as if they were individual reports. This also allowed me to compare the extent to which menstruation is mentioned for countries of different income classifications. Hence, the ‘seven’ clear references by CEDAW are actually one reference (CEDAW/R/1) which appeared in the general section of the report, and which therefore had to be assumed to apply to each of the seven countries in the report. For this reason, it only has one reference code.

I have developed referencing codes to refer to specific allusions or clear references. My referencing codes are as follows: each code is divided into three sections, the first refers to the Treaty body committee or Special procedures mandate in question, the second to the reference type (Allusion (A) or clear reference (R)), and the third to the number of the specific reference in question. For example: CEDAW/A/1 would be the code for the first allusion to menstruation in the results table made by CEDAW. Results and further explanation of coding are in appendix C.

Findings

Human Rights Treaties

None of the international human rights treaties make any allusions or clear references to menstruation (Table 1, appendix C). In some cases this can be explained by the specific focus of the treaty (e.g. the Convention on Enforced Disappearances). However, the silence of the Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of the Child, are striking because MHM sits within the scope of these treaties. The treaties’ references to women and girls’ rights to health (including sexual and reproductive rights), water and sanitation, education, work (including adequate working conditions) and economic development, fail to explicitly mention or even allude to menstruation (Table 2, appendix C).

Treaty body reports

Reports with no references or allusions

(Tables 3-7, 11-12, appendix C).

The vast majority of CEDAW and CRC reports do not make any clear references or allusions to menstruation (94.2% and 95.5% respectively, see table 4 appendix C). This silence is astonishing in itself as menstruation affects *all* women's lives, irrespective of their country's income,²⁰ but is made more alarming by the fact that 39% of these reports are on LMI and LI countries in which, as shown in Chapters 3 and 4, menstrual-related human rights violations are most prevalent (Table 3 and 5, appendix C). Whilst the treaties' silence can partly be explained by the fact that they aim to give a broad overview of human rights standards relevant to their scope, the Treaty bodies' silence cannot be accounted for in this way as one of their main purposes is to define the scope of the vague human rights obligations of their respective treaties (Keller and Ulfstein 2012: 8). Even though menstrual-related concerns fit within their focus, they fail to move beyond the treaties' silence.

Reports with clear references

Only 'seven' of the 751 Treaty body reports examined clearly refer (CEDAW/R/1) to menstruation (Tables 3 and 15, appendix C). CEDAW mentions the 'menstrual cycle' once, as part of a set of general guidelines preceding seven country reports, none of which contain any further clear references or allusions to menstruation. As explained in methodology, this counts as seven references, even though it is only actually mentioned once. The 'menstrual cycle' is mentioned in a request for states to report on how they address biological factors that differ for women. It is only an example in a list of such 'biological factors' and the report simply states the obvious: women menstruate. No details are given about how menstruation affects them, what their needs are, or how women might be affected differently by

²⁰ CEDAW's only clear reference underlines this by calling *all* state parties to engage with the topic in their upcoming reports.

menstruation, for example, depending on whether they live in a lower or higher income setting.

Reports with allusions only

(Tables 8-10 and 13-14, appendix C).

In total, 31 treaty body reports allude to menstruation (Tables 3, appendix C). CRC has more reports with allusions to menstruation, and more allusions than CEDAW (Tables 8-9, appendix C), although this is partly due to the fact that CRC has produced more reports. 3.7% and 4.5% respectively of CEDAW and CRC reports only contain allusions to menstruation (Table 4, appendix C). The slightly higher proportion of CRC reports with allusions to menstruation could be explained by the fact that most treaty body allusions focus on school toilets, one of the only contexts in which it appears acceptable to discuss (albeit indirectly) menstruation. More allusions are seen in reports on countries with lower incomes, and the highest proportion of CRC reports alluding to menstruation concern LI countries (14.7%), as would be expected if school toilet conditions are the main prompt for these allusions (Table 10, appendix C).

The fact that most Treaty body reports that only contain allusions are on LMI and LI countries shows that, whilst the committees have an awareness that women and girls in LI and LMI countries are particularly at risk of poor MHM, they are only willing to discuss menstruation in allusive terms. However, as I demonstrate in the following analysis, these allusions, which I have organised thematically, are often ambiguous and inadequate.

Analysis of Allusions

Sanitation

Most allusions to menstruation focus on toilets. Certain reports limit themselves to expressing concern (and make no recommendations) about the lack of ‘adequate’ (CEDAW/A/14, CRC/A/23), ‘appropriate’ (CRC/A/9), ‘sufficient’ (CRC/A/23) or ‘separate’ (CRC/A/15)

sanitary facilities for women and girls; highlighting that the sanitary facilities in place are ‘inappropriate’ for them (CEDAW/A/11); or that their ‘poor’ conditions pose a particular problem for them (CRC/A/25). Some reports actually make recommendations, calling for sanitary facilities that are ‘gender-sensitive’ (CRC/A/22), ‘adequate’ (CEDAW/A/8, CRC/A/16), ‘appropriate’ (CEDAW/A/12, CEDAW/A/15, CRC/A/14), ‘proper’ (CEDAW/A/1, CEDAW/A/2), ‘functioning’ (CEDAW/A/7), or ‘dedicated’ (CEDAW/A/2) for girls and recognising that girls in rural areas face additional challenges (CEDAW/A/2). However, no detail is given about the criteria for qualifying as such, and menstruation remains unnamed. One report simply recommends that the state ensure girls have ‘clean’ school sanitary facilities (CRC/A/24), but no reason is given as to why this might be of particular importance for girls. In some cases, the call for ‘adequate’ or ‘appropriate’ sanitary facilities is made for girls *and* boys (e.g. CRC/A/14, CRC/A/16). Such cases are especially imbued with ambiguity. Even though this could potentially cover girls’ menstrual-related needs by calling for adequate and appropriate sanitary facilities for girls in addition to such facilities for boys, this could equally mean that both girls and boys should have access to such facilities on a general level, overlooking girls’ menstrual-related needs.

Certain reports recommend separate toilets for girls (CEDAW/A/7, CEDAW/A/9, CEDAW/A/10, CEDAW/A/13, CRC/A/11, CRC/A/14 and CRC/A/21). However, it is unclear whether such references are based on a minimal recognition of girls’ menstrual-related needs or on other advantages of having separate toilets.²¹ Even if these cases can be considered as allusions to girls’ menstrual needs, they give no indication that girls’ toilets might require additional features, such as a disposal system or a private space to wash and change. As most allusions are restricted to school toilets, they fail to acknowledge the wider impact of poor MHM on girls and women, such as on their health and work.

²¹ For example, having separate toilets can reduce girls’ risk of abuse, which is more likely to be carried out in mixed toilets (Sommer 2008: 4).

Infrastructure

Five allusions highlight that schools' lack of infrastructure is a barrier to girls' education (CEDAW/A/3, CEDAW/A/4, CEDAW/A/5, CEDAW/A/6, CEDAW/A/16). However, only three specify 'physical infrastructure' (CEDAW/A/4, CEDAW/A/5, CEDAW/A/6). As sanitary facilities are a necessary (though not always present) part of a school's infrastructure, and their absence or inadequacy has a negative effect on girls' education, this could be an allusion to menstruation. However, as the term 'infrastructure' is vague and sanitation is not mentioned, these references remain ambiguous to such an extent that it is possible that CEDAW did not even intend for them to be allusions to menstruation.

Adolescent girls' health

Although a section on adolescent health has emerged in CRC reports since 2001, only a few recognise that adolescent girls have specific health needs. Such cases could be alluding to menstruation (e.g. CRC/A/1, CRC/A/2, CRC/A/5, CRC/A/6, CRC/A/7). However, it is never mentioned, making it ambiguous. Even though menstruation is a natural process that affects almost *all* post-menarche adolescent girls, the only concrete examples that are given as to how girls' health concerns might be different to boys' health are related to teenage pregnancy and sexual health, which only affect *some* girls. The female body is overlooked until it has been impregnated or infected by a male, a point I return to in Chapter six.

Sanitary materials

Menstruation is also alluded to by mentioning sanitary materials. However, this is only done once and is restricted to refugee schoolgirls' lack of sanitary materials (CRC/A/8). Although this shows an awareness of the impact of poor MHM on education and the menstrual needs of girls in emergency situations, which is often overlooked, no recommendations are made.

Furthermore, by only referring to refugee schoolgirls, the reports overlook that *all* women and girls require menstrual materials for effective MHM.

Special procedures reports

Reports with no references or allusions

(Tables 16-17, 21-23, appendix C).

While RtoE and RtoH demonstrate similar extreme levels of silence (92.5% and 97.5% respectively), RtoWS is much more vocal with only 45% of reports containing no reference or allusion (Tables 16-17, appendix C). Country reports across all mandates display higher levels of silence than annual reports, with RtoE and RtoH's country reports remaining completely silent (Table 16, appendix C). Special procedures' country missions are an 'important tool' in raising human rights concerns with senior levels of governments and influencing them to take action (Piccone 2011: 214). Yet this opportunity is wasted in the case of menstrual-related concerns. The silence sends out a strong message that, whilst the mandate is willing to speak out menstrual-related needs in the broad scope of its annual thematic reports, it is less open to doing so when referring to specific countries.

Whilst certain annual reports' silence on menstruation is partly due to the fact that their thematic focus is less relevant, a number of reports fail to clearly mention menstruation, even though their focus is highly relevant. Most striking is the complete silence of the reports on sexual and reproductive education (SRE 2010f), sexual and reproductive health (SRH 2004d), and the right to health and development (SRH 2011c). In addition, it is remarkable that the RtoE report on girls' education (SRE 2006a) and the RtoWS report on the Millennium Development Goals (MDGs) (SRWS 2010d) only allude to menstruation. As noted by Tjon a Ten, without MHM, many MDGs cannot be achieved (2007: 5).

Reports with clear references

(Tables 20 and 26-29, appendix C).

Most clear references to menstruation are made by RtoWS (Tables 16 and 26-29 appendix C). RtoWS's efforts stand out as particularly intense when compared to those of RtoE and RtoH, which only make one clear reference each, despite having been established 10 years before RtoWS (ED/R/1, H/R/1).

Two annual RtoWS reports contain a combination of clear references and allusions (Tables 19 and 29, appendix C). Given that RtoWS is willing to clearly refer to menstruation, it is worth exploring why it resorts to combining clear references with allusions in some cases. The first combination appears in RtoWS' first report (SRWS 2009e), which contains one allusion and one clear reference. This report appears much more hesitant to discuss menstruation than later reports as its only clear reference appears in a footnote within a quote from UNICEF (WS/R/1). The mandate's initial hesitancy could partly explain the combination with an allusion. The combination in the second report (SRWS 2009a) seems to be more a matter of linguistic variety than avoiding mentioning menstruation. The fact that the allusions to menstruation are about sanitary facilities (WS/A/2) and sanitary towels (WS/A/2, WS/A/3), which are also clearly referred to elsewhere in the report (WS/R/2, WS/R/3 WS/R/4, WS/R/7 and WS/R/6), supports this.

Analysis of clear references²²

RtoE and RtoH's clear references are inadequate. RtoE's clear reference is simply a time reference in the context of early marriage and early pregnancy (ED/R/1). It speaks nothing of menstrual needs and the challenges they pose for girls' access to education. Furthermore, it is only expressed within a quote in paragraph 69 in a CRC report submitted by Mozambique

²² Clear references in reports with clear references *and* allusions are also included in this linguistic analysis (Table 29, appendix C).

(Mozambique 2001: 21), and therefore through the voice of another in an attempt to avoid being fully associated with menstruation

RtoH's clear reference to menstruation highlights that women and girls have specific water and sanitation needs during menstruation, particularly concerning toilets, and that such needs have often been overlooked because they tend to be excluded from decision-making processes (H/R/1). However, no detail is given about why their needs differ during menstruation and only a broad recommendation for states to implement 'gender-sensitive' policies regarding water and sanitation follows (SRH 2007d, paragraph 107(e)).

On a general level, unlike any other treaty body or Special procedures mandate examined here, RtoWS makes numerous clear references to menstrual hygiene (Table 28, appendix C). RtoWS highlights the stigma and silence attached to menstruation and its consequences in the daily lives of women and girls, limiting their mobility and activities during menstruation and rendering menstrual-related concerns a low priority (WS/R/10, WS/R/13, WS/R/14, WS/R/16, WS/R/17, WS/R/19, WS/R/22).

More specifically, RtoWS clearly mentions menstruation when discussing toilets for women and girls (e.g. WS/R/1, WS/R/2, WS/R/3), and the need for them to be 'appropriate' (WS/R/4, WS/R/26, WS/R/27), 'adequate' (WS/R/20) and separate from men's and boys' toilets in public places and schools (e.g. WS/R/1, WS/R/9, WS/R/26). RtoWS underlines that toilets should enable women and girls to manage menstruation in 'privacy' (WS/R/9, WS/R/14, WS/R/27) and with 'dignity' (WS/R/11, WS/R/15, WS/R/23, WS/R/25). Furthermore, unlike RtoE and RtoH, RtoWS clearly states, rather than simply implying, that 'menstrual needs' should be considered when designing and constructing such facilities (WS/R/5, WS/R/6, WS/R/9). In addition, many clear references acknowledge that unmet menstrual-related needs can lead to girls missing school or dropping out altogether (e.g. WS/R/11, WS/R/14, WS/R/22, WS/R/26, WS/R/27).

However, RtoWS's clear references are not without their shortcomings. Details are often missing and recommendations are scarce. Whilst RtoWS underlines that menstrual needs should be met, only three references provide details of what this entails, such as access to water, a disposal system and a private place to change, wash and dry menstrual materials (WS/R/6, WS/R/10, WS/R/14). Just four clear references mention sanitary products (WS/R/6, WS/R/10, WS/R/14, WS/R/27), none of which underline the importance of access to *effective* sanitary materials.

Only three references are made to MHM at work. Whilst they acknowledge that a lack of access to sanitary facilities in the workplace forces women and girls to work in unsafe and unhealthy conditions or lose their jobs (WS/R/3, WS/R/22, WS/R/27), they give no criteria for these facilities and no specific recommendations follow. In addition, the importance of education about menstruation for girls and boys as a means of combating the stigma and silence is only mentioned twice (WS/R/11, WS/R/19), once simply as an example of a project run by an NGO in Tanzania that was not followed by recommendations for similar action (WS/R/19).

Only three country reports contain clear references. However, two are for the same mission to Slovenia (preliminary report and country mission report). Whilst it is encouraging that the third report was for an LI country, and that this report contained a recommendation calling for better access to information and facilities for good MHM (WS/R/28), RtoWS has only produced one report on an LI country, so there is insufficient data to draw general conclusions.

Reports with allusions only

Four reports, all of which are annual reports, only contain allusions to menstruation (Tables 18 and 24-25, appendix C). Whereas RtoE and RtoH display similar results in the rest of my

analysis, the complete lack of allusions in RtoH suggests that menstruation is slightly more on the radar of RtoE. However, conclusions drawn from this data are limited as this only involves two reports. Although RtoE and RtoWS reports have a similar number of reports with allusions and a similar number of allusions, as RtoE has produced twice as many reports, RtoWS makes proportionately more allusions. Although a combination of allusions and clear references can be understood for the sake of linguistic variety within a report, as previously mentioned, given that RtoWS has proved itself willing to break the silence, the mandate's allusions-only reports are wasted opportunities. I now demonstrate how the allusions made are largely inadequate.

Analysis of Allusions²³

(Tables 24-25 and 29, appendix C)

Sanitary facilities

As with Treaty bodies, Special procedures' allusions largely focus on sanitary facilities, and only two such allusions move beyond expressing concern for inadequate facilities to making recommendations for states to ensure girls have improved access to adequate facilities (ED/A/2, ED/A/3). However, no detail is given as to what specific needs girls might have in sanitary facilities and menstruation is not clearly mentioned.

All RtoWS allusions to sanitary facilities are either broad factual statements about the importance of women and girls' access to separate sanitary facilities (e.g. WS/A/1, WS/A/4, WS/A/5) or guidelines for such sanitation facilities (e.g. WS/A/6, WS/A/7, WS/A/8). Whilst they briefly provide broad guidelines that take into account girls' menstrual needs, they do not make any recommendations regarding specific measures to be taken.

²³ Allusions in reports with clear references *and* allusions are also included in this linguistic analysis (Table 29, appendix C).

Most of these allusions refer to the separation of girls' and boys' sanitary facilities (ED/A/1, ED/A/4, WS/A/1, WS/A/2, WS/A/7). Nevertheless, only one allusion that refers to the need for separate toilets for girls is a recommendation (ED/A/2). The two other allusions by RtoE are only examples of measures that certain states have taken (ED/A/4, ED/A/5). One allusion presents the obligation for schools to have sanitation facilities and separate toilets for girls as an optional extra, along with the optional accessory of ensuring access to schools for children with disabilities: 'The physical environment requirements [of schools] *can* include aspects such as basic sanitation (sanitation, separate toilets for girls, ramp for persons with disabilities)' (ED/A/4, emphasis in italics added). Presenting measures to meet menstrual needs as optional supplements undermines such needs and women and girls' human rights that are violated when they are not met and implies that they are a low priority in policy making.

Allusions highlight the need for girls' toilets to be 'appropriate' (WS/A/4), 'adequate' (WS/A/4, WS/A/5), 'private' (ED/A/1, WS/A/2, WS/A/7, WS/A/8), 'safe' (ED/A/1, WS/A/2), and to ensure women and girls' 'dignity' (WS/A/5, WS/A/6, WS/A/8). However, as was the case for Treaty body reports, no further information is provided about what this entails. Moreover, only one allusion is a recommendation for action (ED/A/1).

Sanitary materials

Only three allusions discuss sanitary materials (ED/A/2, WS/A/2, WS/A/3). However, WS/A/2 is a direct quote of ED/A/2. Whilst the quote allows an allusion to menstruation to be made, it does not add its own words to express itself on the matter, or make its own recommendation based on RtoE's recommendation. By quoting and not developing RtoE within the context of its own mandate, RtoWS distances itself from the menstrual needs it is supporting, revealing a slight struggle in its attempts to engage with menstruation. WS/A/3 notes that low income families require assistance in providing women and girls sanitary

products. However, sanitary products only feature at the end of a list of items that low income families might struggle to afford, which shows they are a low priority.

Discussion

This document analysis shows that the menstruation taboo is not addressed in the core international human rights treaties and is seldom addressed in key reports by the Treaty bodies CEDAW and CRC or the Special procedures mandates of RtoE, RtoH and RtoWS. Furthermore, when it is addressed, it is often through allusions, rather than clear references, which highlights that there is a struggle to mention menstruation. Some allusions are so ambiguous that, whilst they are of some relevance to menstruation, they might not have even been intended as allusions to it. Most allusions and clear references refer to school sanitary facilities, failing to recognise that women and girls outside of school also require such facilities, and that these are not all they require for good MHM. Most clear references are by RtoWS. Whilst RtoWS has made groundbreaking progress in breaking the silence, 45% of its reports contain no references or allusions (Table 17, appendix C). This shows that even the most outspoken actors only address menstruation in a limited way. Increased efforts are required from RtoWS and a broader range of actors if significant change is to be achieved.

Conclusion

My document analysis has shown that there is an overwhelming silence surrounding menstruation in international human rights treaties, and key relevant reports by human rights bodies. This shows that the menstruation taboo is prevalent in the international human rights system. In the following Chapter I explore the implications of this silence.

Chapter six: Implications of the silence

Introduction

In this Chapter I explore the implications of the silence in my document analysis, looking at how meaning is (re)produced and the relationship between knowledge and power, as those who construct knowledge gain power. Discourse, defined by Foucault (1969) as ‘an entity of sequences, of signs, in that they are enouncements (énoncés)’, is not neutral, but productive of meaning and has political implications (Hansen 2011: 170). I argue that this silence reflects the androcentric nature of the human rights system, (re)produces the menstruation taboo, and has political consequences by rendering menstrual-related concerns invisible or a low priority. For analytical purposes, I separate this Chapter into three sections. However, in practice, these processes feed into each other and occur simultaneously.

The silence reflects the androcentric nature of the human rights system

The silence surrounding menstruation in treaties and key relevant reports by human rights bodies reflects the human rights system’s androcentric nature and its ‘male-as-norm standpoint’ (Mackinnon 1987 [1984]: 34; Peterson 1990: 315; Charlesworth and Chinkin 2000: 2). The system’s androcentric nature is evident in its dichotomisation of the public and private spheres, and its devaluing of social and economic rights over political and civil rights, which have been criticised by feminist scholars (e.g. Bunch 1990; Binion 1995; Charlesworth and Chinkin 2000). Menstruation is regarded as a private matter, irrelevant to the public sphere of human rights, and as the social and economic rights that are violated as a result of

poor MHM are only so-called ‘second generation’ rights,²⁴ they are less in need of immediate attention.

White Western men, as the principle ‘knowers’ of human rights have constructed ‘knowledge’ of what constitutes human rights based on their own experiences in the public sphere and, in doing so, have gained power (Tickner and Sjoberg 2010: 201). Indeed, despite claims of universality and neutrality outlined in the Universal Declaration of Human Rights (1948), the international human rights system’s conceptual foundations are based on a model of human nature that takes the experiences of this narrow, elite group as the norm, largely excluding women and the non-Western world as knowers and subjects of knowledge (Peterson 1990: 313; Tickner and Sjoberg 2010: 201; Quereshi 2012: 41, 43).

The silence surrounding menstruation highlights the underlying power relations at play and men’s overall privileged position in relation to women. As Peterson notes, ‘[t]he dominant culture both generates and is able to remain ignorant of and impervious to the differences in lived reality’ (Peterson 1990: 317). Consequently, (white Western) men’s issues are considered to be human concerns, whereas women’s concerns such as menstruation, (although relevant to *all* women and girls, irrespective of class, race, nationality or sexuality) are perceived as a separate, limited category (Charlesworth 1995: 104). Not only are differences of the female body deemed unimportant, but such differences are seen to offer further ‘evidence’ that women are naturally inferior to men. As Peterson (1990: 315) notes, ‘women’s biological potential is repeatedly rendered as a liability that establishes women’s inferiority to and dependence upon men’. Following the same logic, menstruation is often perceived as a design flaw, as the female body is considered a leaky vessel and further justification of women’s subordination to men (Laws 1990: 3; Kirk and Sommer 2006: 12).

²⁴ Human rights are commonly categorised into three hierarchal generations as proposed by Vasak (1977), which prioritise each generation over the following generations (political and civil rights as first generation, economic, social and cultural rights as second generation and solidarity rights as third generation).

Furthermore, the silence speaks of a legal framework that does not recognise or value women-specific experiences. The fact that the female reproductive system is mainly referred to or alluded to in the context of pregnancy or sexually transmitted diseases (i.e. after sexual intercourse with a man), reveals that it is only redeemed when it is associated with (impregnated with or infected by) the masculine. In many cultures, whilst menstruation is perceived as shameful and something that ought to be hidden, pregnancy is mostly considered a 'proud event' that is announced, welcomed and celebrated (Lever 1979). In pregnancy, the female bodily experience acquires value because it involves women serving as man's vessel (now a useful tool that is no longer leaky), an incubator or as a machine for producing man's offspring (Martin 1987; RÚDÓLFSDÓTTIR 2000: 345). The fact that menstruation and pregnancy form part of the same process is overlooked (Mollins 2013). Paradoxically, whilst menstruation is often seen in a negative light, at the same time, when the purpose of women's lives is seen as having children, women of reproductive age who do not menstruate may be perceived as 'not fully female' (Laws 1990: 4). Within this androcentric system, women, due to their not-being-men, are automatically disqualified from being 'human' (and thus equal to men), whether they menstruate or not.

The silence (re)produces the taboo

Furthermore, this silence surrounding menstruation in human rights treaties and in reports by human rights bodies (re)produces the menstruation taboo. As asserted by Foucault, discourses constitute the objects of which they speak (or of which they do *not* speak in the case of menstruation) (2002 [1969]: 54). Discourses are not neutral, but productive of meaning, as previously noted (Hansen 2011: 170). In order to understand how this occurs and how menstruation has come to acquire a taboo status and become stigmatised, it is helpful to consider how meaning is produced and reproduced.

Weldes' (1996) concept of articulation is insightful in exploring how menstruation has acquired the meaning that it has. Articulation is the process through which meaning is

produced out of 'extant cultural materials or linguistic resources' (Weldes 1996: 284). Through the process of (re)articulation, distinct ideas become associated with each other and seem inseparable. Articulated associations are (re)produced through binary symbolism, according to which terms are defined by what they are not. The relationship between the opposite terms is hierarchal, as highlighted by Derrida (2004 [1982]: 41) with one half privileged over the other. This hierarchy is gendered, as privileged terms in binary pairs are associated with masculinity (Hooper 2001: 43). The links articulated between the halves of different binary oppositions further define them, creating webs of meaning.

Through (re)articulation, a web of meaning surrounding menstruation has been created, as it has been associated with the less valued, feminine halves of binary pairs, such as honour/shame, rational/emotional, and public/private, which are themselves inter-related. Shame, for example, is closely associated with privacy as shameful matters should be hidden from public view. Although articulations appear logical, they are marked with contradictions, which draw attention to their constructed nature. For example, as previously noted, menstruation is associated with shame, even though it is an integral part of the same reproductive system that is associated with pride in the cases of pregnancy and childbearing. In addition, menstruation is associated with privacy, even though poor MHM is highly relevant to the public sphere as it prevents women and girls from fully participating in and contributing to the public sphere politically, socially and economically. The fact that articulations between menstruation and shame or privacy appear natural, despite their contradictions, highlights the power relations at work under the surface in the process of drawing up boundaries.

By not mentioning menstruation, the human rights treaties and bodies communicate the message that menstruation is a shameful and private matter, not worthy of discussion in the public sphere. In doing so, the international human rights system participates in this process

of (re)articulating menstruation with devalued terms and thus of (re)producing the web of meaning that forms the broader discourse of stigma and taboo surrounding menstruation.

Furthermore, this silence forms part of an intertextuality of silences. Kristeva's concept of intertextuality by which 'any text is constructed as a mosaic of quotations; any text is the absorption and transformation of another' (1981 [1980]: 66) focuses on the present text, however, it can also be applied to that which is absent and the intertextuality of silences. Indeed, the silence discovered in my document analysis is actually made up of multiple silences in each report text, which then feed into and (re)produce the broader culture of silence of other key actors in both the private and public sectors (such as the various silences discovered in the case study), which is both the result of, and part of the formation of, the menstruation taboo. Such key actors include NGOs in the fields of development, Water, Sanitation and Hygiene (WASH), emergency relief and human rights and UN agencies, such as the WHO and UNICEF (Patkar 2005: 51; Cavil 2008: 1; House et al. 2012; WSSCC 2013a, 2013b). In fact, scarcely any professionals who work on issues of health, education, water, environmental sanitation or gender issues, either in terms of policy or practice, have addressed MHM (Patkar 2005: 51). Even literature on gender mainstreaming in the WASH sector fails to mention MHM, despite the fact that the sector constantly deals with other 'unmentionables' such as excreta (Patkar 2005: 51; Wateraid 2009: 1; WSSCC 2013b). Moreover, this culture of silence also prevails in international action plans on women's sexual and reproductive rights (WSSCC 2013b). The taboo is (re)produced within a vicious cycle: key actors do not speak about menstruation because it is a taboo, but in not speaking about it they (re)articulate menstruation with shame, stigma and privacy, and reinforce its taboo status as a subject that must not be discussed.

The silence has political implications

This silence also has political implications. Due to the silence across different sectors, until recently little action has been taken to support women and girls to manage menstrual hygiene (Wateraid 2009: 2). As a result, in low income settings women and girls' menstrual needs are largely unmet and a number of their human rights are violated, as demonstrated in Chapters three and four. A key reason why menstrual needs are largely overlooked is that, due to the discourse of stigma and the taboo status of menstruation, women and girls struggle to articulate their menstrual needs and, as those with power to take action (in government, community and family leadership) tend to be men, it is currently unlikely that such needs will be accounted for otherwise (Cavil 2008: 2; WSSCC 2013b: 2). International human rights treaties and bodies establish standards that states are required, or at least strongly encouraged, to meet and to reflect in their domestic legislation. Refusing to name menstruation sends out a strong message that it is not important and, as a result, states are less likely to allocate resources to supporting girls with their MHM. As noted by Pillitteri (2011: 19), '[m]ethods to improve menstrual issues can only be implemented when everybody dares to say 'menstruation'. As long as silence prevails, action on behalf of states (and civil society) will be limited.

Conclusion

In this Chapter, I have explored the implications of the silence surrounding menstruation. I have shown that the silence reflects the androcentric nature of the human rights system, (re)produces the menstruation taboo and has political consequences. The human rights system has the potential to promote women's menstrual-related reproductive rights in terms of power and resources (the combination of which is crucial, as noted in Chapter two), by calling for states to take action to ensure that they are empowered to make informed decisions about MHM and equipped to do realise such decisions. However, as the silence reveals, it has yet to seize this opportunity

Chapter seven: Conclusion

To conclude, the menstruation taboo has a devastating implications for the fulfilment of the human rights of women and girls, particularly in low income countries, as it prevents menstrual needs (in terms of resources, facilities and information) from being discussed, and thus from being met. Not only do menstrual-related human rights violations hold women and girls back as individuals from achieving all that they are capable of, they also hold them back on a social level, from being active members in the public sphere of their communities and from becoming emancipated. The menstrual-related human rights violations that I have explored merely skim the surface of those which are likely to exist. Further research is needed into the impact of the menstruation taboo on the fulfilment of women and girls' human rights, particularly in the workplace, emergency situations, and in conflicts to gain a better understanding of the broader impact of the menstruation taboo on their human rights.

Poor MHM is a cross-cutting human rights issue that relates to reproductive rights and economic and social rights, including rights health, water and sanitation, education and work. However, despite this, and menstruation's relevance to core human rights treaties, Treaty bodies CEDAW, CRC, and Special procedures mandates RtoE, RtoH and RtoWS, it has been a largely neglected topic. As my document analysis shows, menstruation is not at all addressed in any of the core human rights treaties and rarely addressed in the Treaty body and Special procedures reports examined. If it is discussed, it is only in a limited way, through ambiguous allusions or brief clear references that omit crucial details. Unfortunately, I could not analysis reports by the Covenant of Economic, Social and Cultural rights as many were not available online. This would be a key area to extend this research project.

The silence discovered in my document analysis has huge implications. Firstly, it reflects the androcentric nature of international human rights treaties and bodies and draws attention to the need for the human rights system to be reconstructed. Moreover, it highlights a key silence that needs to be filled in the feminist process of reconstructing the system as the universal system it (cl)aims to be. Secondly, it (re)produces the menstruation taboo by (re)articulating menstruation with shame and privacy, presenting it as an issue that should not be discussed. Thirdly, the silence has political consequences, as states face no pressure to act and, as a result, menstrual-related human rights violations continue unchallenged and women and girls' subordination is reinforced. Indeed, the menstruation taboo is formed in a cyclical process as, when its demands for silence are satisfied, its taboo status and negative impact on the fulfilment of the human rights of women and girls are reinforced.

The international human rights system has great potential for breaking this cycle. If different actors within the system, including Treaty bodies and Special procedures, work together to break the silence by making clear references to menstruation when highlighting menstrual-related violations and by making specific recommendations calling states to address them, this would send a strong message to the international community that MHM matters because women and girls matter. In addition to setting an example for other sectors that still overlook menstruation, speaking openly about menstruation would contribute to the disarticulation of menstruation from shame, stigma and privacy, paving the way for it to be (re)articulated in a way that honours women and girls. Whether the UN human rights system will embrace this opportunity or not remains to be seen.

Appendix D: Ethical Approval for Field Research

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Dear Robyn

Re: Research Ethics Approval

This is to confirm in writing, as previously advised, that the School Research Ethics Committee has reviewed your submitted documents, and is pleased to give full ethical approval for your project.

You are advised to take particular notice of the regulations concerning data storage and data encryption. The Information Commissioner has made it clear that *personal* data subject to the Data Protection Act must be encrypted whenever it is "transported" or "conveyed". This includes data stored on physical media (laptops, CD/DVDs, USB drives, etc.) as well as data transmitted electronically (email, FLUFF, etc.). Failure to do so is a breach of the 7th data protection principle and could result in action being taken against the University in the event of data loss.

- Definitions of personal data and sensitive data can be found here:
<http://www.bris.ac.uk/secretary/dataprotection/glossary.html> .
- Information about data storage can be found here:
<http://www.bris.ac.uk/infosec/uobdata/research/>.
- Information about data encryption can be found here:
<http://www.bris.ac.uk/infosec/uobdata/encrypt/>.

You are encouraged to maintain contact with your supervisors and Dr Paul Higate, Chair of the Research Ethics Committee, informing them of any changes that may occur to your plans or to your research. Should you have any queries or concerns, the Ethics Committee will be pleased to help and support you in any way possible.

Yours sincerely

A handwritten signature in black ink, appearing to read "Susie Potts".

Susie Potts
Research Ethics Coordinator
School Research Ethics Committee

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Committee on the Rights of the Child (CRC) (1998m), *Micronesia - 17th Session*, (CRC/C/15/Add.86).

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Committee on the Rights of the Child (CRC) (1999a), *Austria - 20th Session*, (CRC/C/15/Add.98).

Committee on the Rights of the Child (CRC) (1999b), *Barbados - 21st Session*, (CRC/C/15/Add.103).

Committee on the Rights of the Child (CRC) (1999c), *Belize* - 20th Session, (CRC/C/15/Add.99).

Committee on the Rights of the Child (CRC) (1999d), *Benin* - 21st Session, (CRC/C/15/Add.106).

Committee on the Rights of the Child (CRC) (1999e), *Chad* - 21st Session, (CRC/C/15/Add.107).

Committee on the Rights of the Child (CRC) (1999f), *Guinea* - 20th Session, (CRC/C/15/Add.100).

Committee on the Rights of the Child (CRC) (1999g), *Honduras* - 21st Session, (CRC/C/15/Add.105).

Committee on the Rights of the Child (CRC) (1999h), *Mali* - 22nd Session, (CRC/C/15/Add.113).

Committee on the Rights of the Child (CRC) (1999i), *Mexico* - 22nd Session, (CRC/C/15/Add.112).

Committee on the Rights of the Child (CRC) (1999j), *Netherlands* - 22nd Session, (CRC/C/15/Add.114).

Committee on the Rights of the Child (CRC) (1999k), *Nicaragua* - 21st Session, (CRC/C/15/Add.108).

Committee on the Rights of the Child (CRC) (1999l), *Russian Federation* - 22nd Session, (CRC/C/15/Add.110).

Committee on the Rights of the Child (CRC) (1999m), *St. Kitts and Nevis* - 21st Session, (CRC/C/15/Add.104).

Committee on the Rights of the Child (CRC) (1999n), *Sweden* - 20th Session, (CRC/C/15/Add.101).

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Committee on the Rights of the Child (CRC) (1999p), *Venezuela* - 22nd Session, (CRC/C/15/Add.109).

Committee on the Rights of the Child (CRC) (1999q), *Yemen* - 20th Session, (CRC/C/15/Add.102).

Committee on the Rights of the Child (CRC) (2000a), *Armenia* - 23rd Session, (CRC/C/15/Add.119).

Committee on the Rights of the Child (CRC) (2000b), *Costa Rica* - 23rd Session, (CRC/C/15/Add.117).

Committee on the Rights of the Child (CRC) (2000c), *Cambodia* - 24th Session, (CRC/C/15/Add.128).

Committee on the Rights of the Child (CRC) (2000d), *Comoros* - 25th Session, (CRC/C/15/Add.141).

Committee on the Rights of the Child (CRC) (2000e), *Djibouti* - 24th Session, (CRC/C/15/Add.131).

Committee on the Rights of the Child (CRC) (2000f), *Finland* - 25th Session, (CRC/C/15/Add.132).

Committee on the Rights of the Child (CRC) (2000g), *Georgia* - 24th Session, (CRC/C/15/Add.124).

Committee on the Rights of the Child (CRC) (2000h), *Grenada* - 23rd Session, (CRC/C/15/Add.121).

Committee on the Rights of the Child (CRC) (2000i), *India* - 23rd Session, (CRC/C/15/Add.115).

Committee on the Rights of the Child (CRC) (2000j), *Iran* - 24th Session, (CRC/C/15/Add.123).

Committee on the Rights of the Child (CRC) (2000k), *Jordan* - 24th Session, (CRC/C/15/Add.125).

Committee on the Rights of the Child (CRC) (2000l), *Kyrgyzstan* - 24th Session, (CRC/C/15/Add.127).

Committee on the Rights of the Child (CRC) (2000m), *Macedonia* - 23rd Session, (CRC/C/15/Add.118).

Committee on the Rights of the Child (CRC) (2000n), *Malta* - 24th Session, (CRC/C/15/Add.129).

Committee on the Rights of the Child (CRC) (2000o), *Marshall Islands* - 25th Session, (CRC/C/15/Add.139).

Committee on the Rights of the Child (CRC) (2000p), *Norway* - 24th Session, (CRC/C/15/Add.126).

Committee on the Rights of the Child (CRC) (2000q), *Peru* - 23rd Session, (CRC/C/15/Add.120).

Committee on the Rights of the Child (CRC) (2000r), *Sierra Leone* - 23rd Session, (CRC/C/15/Add.116).

Committee on the Rights of the Child (CRC) (2000s), *Slovakia* - 25th Session, (CRC/C/15/Add.140).

Committee on the Rights of the Child (CRC) (2000t), *South Africa* - 23rd Session, (CRC/C/15/Add.122).

Committee on the Rights of the Child (CRC) (2000u), *Suriname* - 24th Session, (CRC/C/15/Add.130).

Committee on the Rights of the Child (CRC) (2000v), *Tajikistan - 25th Session*, (CRC/C/15/Add.136).

Committee on the Rights of the Child (CRC) (2000w), *United Kingdom Overseas Territories- 25th Session*, (CRC/C/15/Add.135).

Committee on the Rights of the Child (CRC) (2000x), *United Kingdom (Isle of Man) 25th Session*, (CRC/C/15/Add.134).

Committee on the Rights of the Child (CRC) (2001a), *Bhutan - 27th Session*, (CRC/C/15/Add.157).

Committee on the Rights of the Child (CRC) (2001b), *Cameroon - 28th Session*, (CRC/C/15/Add.164).

Committee on the Rights of the Child (CRC) (2001c), *Cape Verde - 28th Session*, (CRC/C/15/Add.168).

Committee on the Rights of the Child (CRC) (2001d), *Côte d'Ivoire - 27th Session*, (CRC/C/15/Add.155).

Committee on the Rights of the Child (CRC) (2001e), *Democratic Republic of Congo - 27th Session*, (CRC/C/15/Add.153).

Committee on the Rights of the Child (CRC) (2001f), *Denmark - 27th Session*, (CRC/C/15/Add.151).

Committee on the Rights of the Child (CRC) (2001g), *Dominican Republic - 26th Session*, (CRC/C/15/Add.150).

Committee on the Rights of the Child (CRC) (2001h), *Egypt - 26th Session*, (CRC/C/15/Add.145).

Committee on the Rights of the Child (CRC) (2001i), *Ethiopia - 26th Session*, (CRC/C/15/Add.144).

Committee on the Rights of the Child (CRC) (2001j), *Gambia* - 28th Session, (CRC/C/15/Add.165).

Committee on the Rights of the Child (CRC) (2001k), *Guatemala* - 27th Session, (CRC/C/15/Add.151).

Committee on the Rights of the Child (CRC) (2001l), *Kenya* - 28th Session, (CRC/C/15/Add.160).

Committee on the Rights of the Child (CRC) (2001m), *Latvia* - 26th Session, (CRC/C/15/Add.142).

Committee on the Rights of the Child (CRC) (2001n), *Lesotho* - 26th Session, (CRC/C/15/Add.147).

Committee on the Rights of the Child (CRC) (2001o), *Liechtenstein* - 26th Session, (CRC/C/15/Add.143).

Committee on the Rights of the Child (CRC) (2001p), *Lithuania* - 26th Session, (CRC/C/15/Add.146).

Committee on the Rights of the Child (CRC) (2001q), *Mauritania* - 28th Session, (CRC/C/15/Add.159).

Committee on the Rights of the Child (CRC) (2001r), *Monaco* - 27th Session, (CRC/C/15/Add.158).

Committee on the Rights of the Child (CRC) (2001s), *Oman* - 28th Session, (CRC/C/15/Add.161).

Committee on the Rights of the Child (CRC) (2001t), *Palau* - 26th Session, (CRC/C/15/Add.149).

Committee on the Rights of the Child (CRC) (2001u), *Paraguay* - 28th Session, (CRC/C/15/Add.166).

Committee on the Rights of the Child (CRC) (2001v), *Portugal* - 28th Session, (CRC/C/15/Add.162).

Committee on the Rights of the Child (CRC) (2001w), *Qatar* - 28th Session, (CRC/C/15/Add.163).

Committee on the Rights of the Child (CRC) (2001x), *Saudi Arabia* - 26th Session, (CRC/C/15/Add.148).

Committee on the Rights of the Child (CRC) (2001y), *Tanzania* - 27th Session, (CRC/C/15/Add.156).

Committee on the Rights of the Child (CRC) (2001z), *Turkey* - 27th Session, (CRC/C/15/Add.152).

Committee on the Rights of the Child (CRC) (2001aa), *Uzbekistan* - 28th Session, (CRC/C/15/Add.167).

Committee on the Rights of the Child (CRC) (2002a), *Andorra* - 29th Session, (CRC/C/15/Add.176).

Committee on the Rights of the Child (CRC) (2002b), *Argentina* - 31st Session, (CRC/C/15/Add.187).

Committee on the Rights of the Child (CRC) (2002c), *Bahrain* - 29th Session, (CRC/C/15/Add.175).

Committee on the Rights of the Child (CRC) (2002d), *Belarus* - 30th Session, (CRC/C/15/Add.180).

Committee on the Rights of the Child (CRC) (2002e), *Belgium* - 30th Session, (CRC/C/15/Add.178).

Committee on the Rights of the Child (CRC) (2002f), *Burkina Faso* - 31st Session, (CRC/C/15/Add.193).

Committee on the Rights of the Child (CRC) (2002g), *Chile* - 29th Session, (CRC/C/15/Add.173).

Committee on the Rights of the Child (CRC) (2002h), *Gabon* - 29th Session, (CRC/C/15/Add.171).

Committee on the Rights of the Child (CRC) (2002i), *Greece* - 29th Session, (CRC/C/15/Add.170).

Committee on the Rights of the Child (CRC) (2002j), *Guinea-Bissau* - 30th Session, (CRC/C/15/Add.177).

Committee on the Rights of the Child (CRC) (2002k), *Israel* - 31st Session, (CRC/C/15/Add.195).

Committee on the Rights of the Child (CRC) (2002l), *Lebanon* - 29th Session, (CRC/C/15/Add.169).

Committee on the Rights of the Child (CRC) (2002m), *Malawi* - 29th Session, (CRC/C/15/Add.174).

Committee on the Rights of the Child (CRC) (2002o), *Moldova* - 31st Session, (CRC/C/15/Add.192).

Committee on the Rights of the Child (CRC) (2002p), *Mozambique* - 29th Session, (CRC/C/15/Add.172).

Committee on the Rights of the Child (CRC) (2002q), *Niger* - 30th Session, (CRC/C/15/Add.179).

Committee on the Rights of the Child (CRC) (2002r), *Poland* - 31st Session, (CRC/C/15/Add.194).

Committee on the Rights of the Child (CRC) (2002s), *Seychelles* - 31st Session, (CRC/C/15/Add.189).

Committee on the Rights of the Child (CRC) (2002t), *Spain* - 30th Session, (CRC/C/15/Add.185).

Committee on the Rights of the Child (CRC) (2002u), *St Vincent* - 30th Session, (CRC/C/15/Add.184).

Committee on the Rights of the Child (CRC) (2002v), *Sudan* - 31st Session, (CRC/C/15/Add.190).

Committee on the Rights of the Child (CRC) (2002w), *Switzerland* - 30th Session, (CRC/C/15/Add.182).

Committee on the Rights of the Child (CRC) (2002), *Tunisia* - 30th Session, (CRC/C/15/Add.181).

Committee on the Rights of the Child (CRC) (2002x), *Ukraine* - 31st Session, (CRC/C/15/Add.191).

Committee on the Rights of the Child (CRC) (2002y), *United Arab Emirates* - 30th Session, (CRC/C/15/Add.183).

Committee on the Rights of the Child (CRC) (2002z), *United Kingdom* - 31st Session, (CRC/C/15/Add.188).

Committee on the Rights of the Child (CRC) (2003a), *Bangladesh* - 34th Session, (CRC/C/15/Add.221).

Committee on the Rights of the Child (CRC) (2003b), *Brunei Darusalam* - 34th Session, (CRC/C/15/Add.219).

Committee on the Rights of the Child (CRC) (2003c), *Canada* - 34th Session, (CRC/C/15/Add.215).

Committee on the Rights of the Child (CRC) (2003d), *Cyprus* - 33rd Session, (CRC/C/15/Add.205).

Committee on the Rights of the Child (CRC) (2003), *Czech Republic* - 32nd Session, (CRC/C/15/Add.201).

Committee on the Rights of the Child (CRC) (2003e), *Eritrea* - 33rd Session, (CRC/C/15/Add.204).

Committee on the Rights of the Child (CRC) (2003f), *Estonia* - 32nd Session, (CRC/C/15/Add.196).

Committee on the Rights of the Child (CRC) (2003g), *Georgia* - 34th Session, (CRC/C/15/Add.222).

Committee on the Rights of the Child (CRC) (2003h), *Haiti* - 32nd Session, (CRC/C/15/Add.202).

Committee on the Rights of the Child (CRC) (2003i), *Iceland* - 32nd Session, (CRC/C/15/Add.203).

Committee on the Rights of the Child (CRC) (2003j), *Italy* - 32nd Session, (CRC/C/15/Add.198).

Committee on the Rights of the Child (CRC) (2003k), *Jamaica* - 33rd Session, (CRC/C/15/Add.210).

Committee on the Rights of the Child (CRC) (2003l), *Kazakhstan* - 33rd Session, (CRC/C/15/Add.213).

Committee on the Rights of the Child (CRC) (2003m), *Republic of Korea* - 32nd Session, (CRC/C/15/Add.197).

Committee on the Rights of the Child (CRC) (2003n), *Libyan Arab Jamahiriya* - 33rd Session, (CRC/C/15/Add.209).

Committee on the Rights of the Child (CRC) (2003o), *Madagascar* - 34th Session, (CRC/C/15/Add.218).

Committee on the Rights of the Child (CRC) (2003p), *Morocco* - 33rd Session, (CRC/C/15/Add.211).

Committee on the Rights of the Child (CRC) (2003q), *New Zealand* - 34th Session, (CRC/C/15/Add.216).

Committee on the Rights of the Child (CRC) (2003r), *Pakistan* - 34th Session, (CRC/C/15/Add.217).

Committee on the Rights of the Child (CRC) (2003s), *Romania* - 32nd Session, (CRC/C/15/Add.199).

Committee on the Rights of the Child (CRC) (2003t), *Rwanda* - 34th Session, (CRC/C/15/Add.234).

Committee on the Rights of the Child (CRC) (2003u), *San Marino* - 34th Session, (CRC/C/15/Add.214).

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Committee on the Rights of the Child (CRC) (2003w), *Solomon Islands* - 33rd Session, (CRC/C/15/Add.208).

Committee on the Rights of the Child (CRC) (2003x), *Sri Lanka* - 33rd Session, (CRC/C/15/Add.207).

Committee on the Rights of the Child (CRC) (2003y), *Syrian Arab Republic* - 33rd Session, (CRC/C/15/Add.212).

Committee on the Rights of the Child (CRC) (2003z), *Viet Nam* - 32nd Session, (CRC/C/15/Add.200).

Committee on the Rights of the Child (CRC) (2004a), *Angola* - 37th Session, (CRC/C/15/Add.246).

Committee on the Rights of the Child (CRC) (2004b), *Antigua and Barbuda* - 37th Session, (CRC/C/15/Add.247).

Committee on the Rights of the Child (CRC) (2004c), *Armenia* - 35th Session, (CRC/C/15/Add.225).

Committee on the Rights of the Child (CRC) (2004d), *Botswana* - 37th Session, (CRC/C/15/Add.242).

Committee on the Rights of the Child (CRC) (2004e), *Brazil* - 37th Session, (CRC/C/15/Add.241).

Committee on the Rights of the Child (CRC) (2004f), *Croatia* - 37th Session, (CRC/C/15/Add.243).

Committee on the Rights of the Child (CRC) (2004g), *Democratic People's Republic of Korea* - 36th Session, (CRC/C/15/Add.239).

Committee on the Rights of the Child (CRC) (2004h), *Dominica* - 36th Session, (CRC/C/15/Add.238).

Committee on the Rights of the Child (CRC) (2004i), *El Salvador* - 36th Session, (CRC/C/15/Add.232).

Committee on the Rights of the Child (CRC) (2004j), *Equatorial Guinea* - 37th Session, (CRC/C/15/Add.245).

Committee on the Rights of the Child (CRC) (2004k), *France* - 36th Session, (CRC/C/15/Add.240).

Committee on the Rights of the Child (CRC) (2004l), *Germany* - 35th Session, (CRC/C/15/Add.226).

Committee on the Rights of the Child (CRC) (2004m), *Guyana* - 35th Session, (CRC/C/15/Add.224).

Committee on the Rights of the Child (CRC) (2004n), *India* - 35th Session, (CRC/C/15/Add.228).

Committee on the Rights of the Child (CRC) (2004o), *Indonesia* - 35th Session, (CRC/C/15/Add.223).

Committee on the Rights of the Child (CRC) (2004p), *Japan* - 35th Session, (CRC/C/15/Add.231).

Committee on the Rights of the Child (CRC) (2004q), *Kyrgyzstan* - 37th Session, (CRC/C/15/Add.244).

Committee on the Rights of the Child (CRC) (2004r), *Liberia* - 36th Session, (CRC/C/15/Add.236).

Committee on the Rights of the Child (CRC) (2004s), *Myanmar* - 36th Session, (CRC/C/15/Add.237).

Committee on the Rights of the Child (CRC) (2004t), *Netherlands (including Aruba)* - 35th Session, (CRC/C/15/Add.227).

Committee on the Rights of the Child (CRC) (2004u), *Panama* - 36th Session, (CRC/C/15/Add.233).

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Committee on the Rights of the Child (CRC) (2004w), *Sao Tome e Principe* - 36th Session, (CRC/C/15/Add.235).

Committee on the Rights of the Child (CRC) (2004x), *Slovenia* - 35th Session, (CRC/C/15/Add.230).

Committee on the Rights of the Child (CRC) (2005a), *Albania* - 38th Session, (CRC/C/15/Add.249).

Committee on the Rights of the Child (CRC) (2005b), *Algeria - 40th Session*, (CRC/C/15/Add.269).

Committee on the Rights of the Child (CRC) (2005c), *Australia - 40th Session*, (CRC/C/15/Add.268).

Committee on the Rights of the Child (CRC) (2005d), *Austria - 38th Session*, (CRC/C/15/Add.251).

Committee on the Rights of the Child (CRC) (2005e), *Bahamas - 38th Session*, (CRC/C/15/Add.253).

Committee on the Rights of the Child (CRC) (2005f), *Belize - 38th Session*, (CRC/C/15/Add.252).

Committee on the Rights of the Child (CRC) (2005g), *Bolivia - 38th Session*, (CRC/C/15/Add.256).

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Committee on the Rights of the Child (CRC) (2005i), *China (including Hong Kong and Macau), 40th Session*, (CRC/C/CHN/CO/2).

Committee on the Rights of the Child (CRC) (2005j), *Costa Rica - 39th Session*, (CRC/C/15/Add.266).

Committee on the Rights of the Child (CRC) (2005k), *Denmark - 40th Session*, (CRC/C/DNK/CO/3).

Committee on the Rights of the Child (CRC) (2005l), *Ecuador - 39th Session*, (CRC/C/15/Add.262).

Committee on the Rights of the Child (CRC) (2005m), *Finland - 40th Session*, (CRC/C/15/Add.272).

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Committee on the Rights of the Child (CRC) (2005o), *Luxembourg* - 38th Session, (CRC/C/15/Add.250).

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Committee on the Rights of the Child (CRC) (2005q), *Mongolia* - 39th Session, (CRC/C/15/Add.264).

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Committee on the Rights of the Child (CRC) (2005s), *Nicaragua* - 39th Session, (CRC/C/15/Add.265).

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Committee on the Rights of the Child (CRC) (2005w), *Russian Federation* - 40th Session, (CRC/C/RUS/CO/3).

Committee on the Rights of the Child (CRC) (2005x), *Saint Lucia* - 39th Session, (CRC/C/15/Add.258).

Committee on the Rights of the Child (CRC) (2005y), *Sweden* - 38th Session, (CRC/C/15/Add.248).

Committee on the Rights of the Child (CRC) (2005z), *Togo* - 38th Session, (CRC/C/15/Add.255).

Committee on the Rights of the Child (CRC) (2005aa), *Uganda* - 40th Session, (CRC/C/UGA/CO/2).

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Committee on the Rights of the Child (CRC) (2006a), *Azerbaijan* - 41st Session, (CRC/C/AZE/CO/2).

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Committee on the Rights of the Child (CRC) (2006c), *Colombia* - 42nd Session, (CRC/C/COL/CO/3).

Committee on the Rights of the Child (CRC) (2006d), *Republic of Congo* - 43rd Session, (CRC/C/COG/CO/1).

Committee on the Rights of the Child (CRC) (2006e), *Ethiopia* - 43rd Session, (CRC/C/ETH/CO/3).

Committee on the Rights of the Child (CRC) (2006f), *Ghana* - 41st Session, (CRC/C/GHA/CO/2).

Committee on the Rights of the Child (CRC) (2006g), *Hungary* - 41st Session, (CRC/C/HUN/CO/2).

Committee on the Rights of the Child (CRC) (2006h), *Ireland* - 43rd Session, (CRC/C/IRL/CO/2).

Committee on the Rights of the Child (CRC) (2006), *Jordan* - 43rd Session, (CRC/C/JOR/CO/3).

Committee on the Rights of the Child (CRC) (2006i), *Kiribati* - 43rd Session, (CRC/C/KIR/CO/1).

Committee on the Rights of the Child (CRC) (2006j), *Latvia* - 42nd Session, (CRC/C/LVA/CO/2).

Committee on the Rights of the Child (CRC) (2006k), *Lebanon* - 42nd Session, (CRC/C/LBN/CO/3).

Committee on the Rights of the Child (CRC) (2006l), *Liechtenstein* - 41st Session, (CRC/C/LIE/CO/2).

Committee on the Rights of the Child (CRC) (2006m), *Lithuania* - 41st Session, (CRC/C/LTU/CO/2).

Committee on the Rights of the Child (CRC) (2006n), *Mauritius* - 41st Session, (CRC/C/MUS/CO/2).

Committee on the Rights of the Child (CRC) (2006o), *Mexico* - 42nd Session, (CRC/C/MEX/CO/3).

Committee on the Rights of the Child (CRC) (2006p), *Oman* - 43rd Session, (CRC/C/OMN/CO/2).

Committee on the Rights of the Child (CRC) (2006q), *Peru* - 41st Session, (CRC/C/PER/CO/3).

Committee on the Rights of the Child (CRC) (2006r), *Samoa* - 43rd Session, (CRC/C/WSM/CO/1).

Committee on the Rights of the Child (CRC) (2006s), *Saudi Arabia* - 41st Session, (CRC/C/SAU/CO/2).

Committee on the Rights of the Child (CRC) (2006t), *Senegal* - 43rd Session, (CRC/C/SEN/CO/2).

Committee on the Rights of the Child (CRC) (2006u), *Swaziland* - 43rd Session, (CRC/C/SWZ/CO/10).

Committee on the Rights of the Child (CRC) (2006v), *Tanzania* - 42nd Session, (CRC/C/TZA/CO/2).

Committee on the Rights of the Child (CRC) (2006w), *Thailand* - 41st Session, (CRC/C/THA/CO/2).

Committee on the Rights of the Child (CRC) (2006x), *Trinidad and Tobago* - 41st Session, (CRC/C/TTO/CO/2).

Committee on the Rights of the Child (CRC) (2006y), *Turkmenistan* - 42nd Session, (CRC/C/TKM/CO/1).

Committee on the Rights of the Child (CRC) (2006z), *Uzbekistan* - 42nd Session, (CRC/C/UZB/CO/2).

Committee on the Rights of the Child (CRC) (2007a), *Chile* - 44th Session, (CRC/C/CHL/CO/3).

Committee on the Rights of the Child (CRC) (2007b), *Dominican Republic* - 47th Session, (CRC/C/DOM/CO/2).

Committee on the Rights of the Child (CRC) (2007c), *Honduras* - 44th Session, (CRC/C/HND/CO/3).

Committee on the Rights of the Child (CRC) (2007d), *Kazakhstan* - 45th Session, (CRC/C/KAZ/CO/3).

Committee on the Rights of the Child (CRC) (2007e), *Kenya* - 44th Session, (CRC/C/KEN/CO/2).

Committee on the Rights of the Child (CRC) (2007f), *Malaysia* - 44th Session, (CRC/C/MYS/CO/1).

Committee on the Rights of the Child (CRC) (2007g), *Mali* - 44th Session, (CRC/C/MLI/CO/2).

Committee on the Rights of the Child (CRC) (2007h), *Marshall Islands* - 44th Session, (CRC/C/MHL/CO/2).

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Appendix A: Questionnaire Results

Figure 1: Menstrual-related absenteeism
Number of respondents = 140

Bar graph displaying the number of school days that girls reported missing per month due to menstruation.

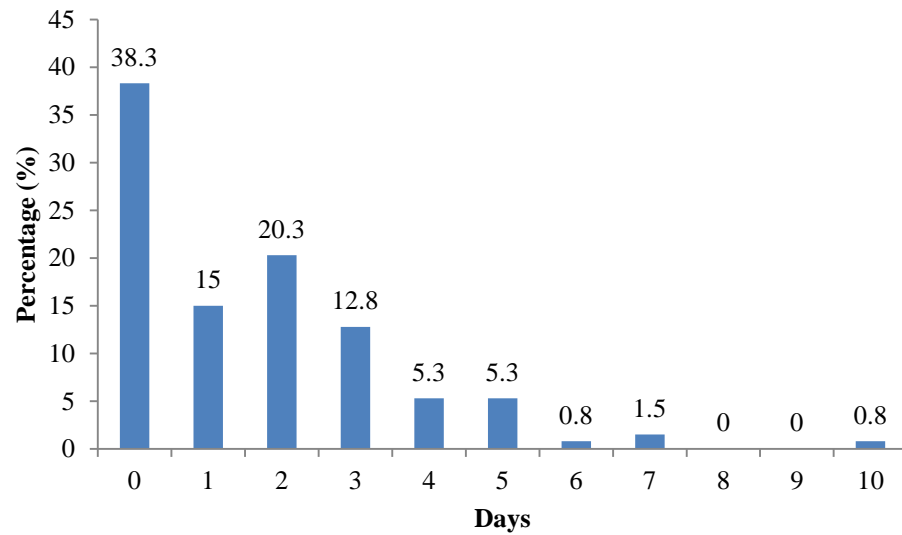


Table 1: Reasons reported for menstrual-related absenteeism

The table below details the reasons the girls gave for menstrual-related absenteeism.

Reason reported for menstrual-related absenteeism	True (%)	False (%)	Number of respondents
Fear of staining my clothes	59.4	40.6	138
Afraid of others making fun of me	46.7	53.3	137
Menstruation can cause pain	51.4	48.6	138
Menstruation can cause discomfort from bloating or tiredness	55.1	44.9	136
There isn't anywhere private for girls to wash and change at school	63.8	36.2	138
There is nowhere to dispose of sanitary products in school	43.5	56.5	138
I do not have sanitary pads	45.7	54.3	138

Table 2: Schoolgirls' knowledge about menstruation

The table below details the answers the schoolgirls gave in response to true/false knowledge statements.

Statement about menstruation	True (%)	False (%)	Number of respondents
Menstruation is a disease	36.3	63.7	135
Pregnant women menstruate	23.0	77.0	135
Menstrual blood comes from the stomach where food is digested	27.8	72.2	133
Menstrual blood comes from the womb	85.3	14.7	136
Menstrual blood contains harmful substances	62.4	37.6	133
Pain during menstruation means that someone is unhealthy	49.3	50.7	134
It is harmful for a woman's body if she runs or dances during her period	48.9	51.1	135

Figure 2: Product use

The bar graph below displays the schoolgirls' reported normal sanitary product use
Number of respondents = 140

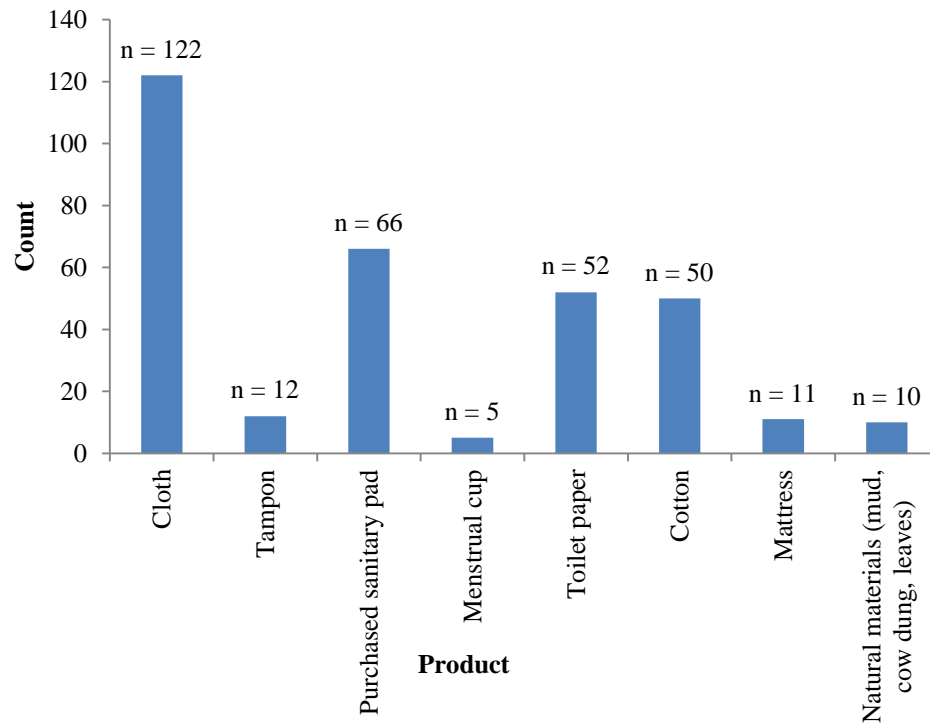


Table 3: Availability and accessibility of disposable sanitary pads

The table below displays the girls' responses about the availability and accessibility of disposable sanitary pads for them.

Question	True (%)	False (%)	Don't know (%)	Number of respondents
Have you ever wanted to buy disposable sanitary pads from a shop but been unable to?	87.8	12.2	0	139
I do not have enough money to buy disposable sanitary pads from a shop	61.6	28.3	10.1	138
There are no disposable sanitary pads in the shop	34.6	45.6	19.9	136

Appendix B: Toilet Assessment Survey Results

Table 1: Design and construction of toilets

Question	School 1	School 2	School 3	School 4	School 5	School 6
What type of toilets are there?	Pit latrine	Pit latrine	Pit latrine	Pit latrine	Pit latrine	Pit latrine
Are there sufficient toilets for girls? <i>Sufficient = 1 per 25 girls or female staff</i> <i>Calculation based on UNICEF's child friendly school guidelines (UNICEF 2012: 20).</i>	No	No	No	Yes	No	No
Are the toilets easily accessible to the girls? <i>Accessible = No more than 30 metres away from all users.</i> <i>Calculation based on UNICEF's child-friendly school guidelines (UNICEF 2012: 20).</i>	No	Yes	Yes	Yes	Yes	Yes
Is there soap available in the toilet facilities?	No	No	No	No	No	No
Are there vault cover slabs for the toilets?	No	No	No	No	No	No
Is there a mirror available in the toilets?	No	No	No	No	No	No
How clean are the girls' latrines? (Clean/ Somewhat clean/ Not clean) <i>Clean = Toilet facilities are not smelly, no visible faeces in or around the facility, there are no flies and there is no litter.</i> <i>Somewhat clean = There is some smell and /or some sign of faecal matter and /or some flies and/or some litter.</i> <i>Not clean = There is a strong smell and/or presence of faecal matter and/or a significant fly problem and/or a large amount of litter.</i> <i>Definitions drawn from UNICEF's child friendly school guidelines (UNICEF 2011: 42).</i>	Not clean	Not clean	Not clean	Not clean	Not clean	Not clean

Table 2: Operation and Maintenance of toilets

Question	School 1	School 2	School 3	School 4	School 5	School 6
<p>Are there sufficient toilets in working order?</p> <p><i>Sufficient = 1 per 25 girls or female staff</i></p> <p><i>Calculation based on UNICEF's child friendly school guidelines (UNICEF 2012: 20).</i></p>	Yes	No	No	Yes	Yes	No
Are the paths to access the toilets well maintained?	Yes	No	Yes	No	No	No
<p>Is there sufficient light in the toilets?</p> <p><i>Sufficient light is understood to mean enough light to see what you are doing and if the facilities are clean when the cubicle door is closed.</i></p>	No	No	No	No	Yes	No
<p>Is there an effective maintenance and cleaning routine in place for the toilets and MHM facilities?</p> <p><i>If so, please give details.</i></p>	No	No	No	<p>Yes</p> <p><i>Cleaned daily by girls but no cleaning products or equipment are available to clean them properly.</i></p>	<p>Yes</p> <p><i>Cleaned by a different class each day but no cleaning products or equipment are available to clean them properly. They are swept and replenished with leaves so that girls can clean themselves.</i></p>	<p>Yes</p> <p><i>Cleaned daily by girls but no cleaning products or equipment are available to clean them properly.</i></p>

Table 3: General water supply in school

Question	School 1	School 2	School 3	School 4	School 5	School 6
Is there water available in the schools?	Yes	Yes	No	No	Yes	No
If so, what type of water supply?	Tank for rain water	Tap	N/A	N/A	Tank for rain water	N/A
Does the water point function well?	Only if it rains	No, it was out of order	N/A	N/A	Only if it rains	N/A

Table 4: Water supply in toilets

Question	School 1	School 2	School 3	School 4	School 5	School 6
Is there water available in the toilet facilities?	No	No	No	No	No	No
If so, what type of water supply?	N/A	N/A	N/A	N/A	N/A	N/A
Does the water point function well?	N/A	N/A	N/A	N/A	N/A	N/A
Are there sink water points in the toilets?	N/A	N/A	N/A	N/A	N/A	N/A
Do the sink water points function well?	N/A	N/A	N/A	N/A	N/A	N/A
Is the sink drainage operating well?	N/A	N/A	N/A	N/A	N/A	N/A

Table 5: Privacy

Question	School 1	School 2	School 3	School 4	School 5	School 6
Are the girls' toilets separate from the boys' toilets? <i>Separate means that the girls' toilets are in different blocks or designated areas separated from boys' and teachers' toilets by distance and/or some physical barrier like wall.</i>	Yes	Yes	Yes	Yes	Yes	Yes
Are the pupils' toilets separate from the teachers' toilets? <i>See definition of 'separate' for previous question.</i>	Yes	Yes	Yes	Partially	Partially	Yes
Are there locks on inside of cubicle doors?	Yes	No	No	No	No	No
Are there roofs on the toilets?	Yes	Yes	Yes	Yes	Yes	Yes
Are all the doors in place?	Yes	No	No	No	Yes	No

Table 6: Access for girls with disabilities

Question	School 1	School 2	School 3	School 4	School 5	School 6
Are there toilets for girls with disabilities?	Yes	No	Yes	Yes	No	No
Are the toilets for girls with disabilities unisex?	Yes	N/A	No	No	N/A	N/A
Are the toilets specifically designed for girls with disabilities accessible for them? <i>If not, please give details.</i>	No <i>There were handrails but no chair or stool – was hole in the ground, no slopes for access, have to go over grass to access.</i>	N/A	No <i>There were handrails but no chair or stool.</i>	No <i>There were handrails but no chair or stool. The paths leading to the toilets were sloped.</i>	N/A	N/A
If there are no toilets specifically designed for girls with disabilities, are the school toilets accessible for them?	N/A	No	N/A	N/A	No <i>Big step up. Small cubicles. No handrails.</i>	No
Are there sufficient toilets for girls with disabilities? <i>Sufficient = 1 per 25 girls or female staff</i> <i>Calculation based on UNICEF's child friendly school guidelines (UNICEF 2012: 20).</i>	Yes	N/A	No	No	N/A	N/A

Table 7: Disposal of sanitary products

Question	School 1	School 2	School 3	School 4	School 5	School 6
Is there a dustbin available in toilet facilities to dispose of used sanitary products?	No	No	No	No	No	No
Are disposal points for menstrual materials discrete? <i>Discreet is understood to mean that they are not obvious and are out of public view.</i>	N/A	N/A	N/A	N/A	N/A	N/A
Is the dustbin emptied regularly?	N/A	N/A	N/A	N/A	N/A	N/A
Is there an incinerator in school?	No	No	No	No	No	No
Is the incinerator located in a suitable area?	N/A	N/A	N/A	N/A	N/A	N/A
Does the incinerator operate properly?	N/A	N/A	N/A	N/A	N/A	N/A
Is there a trained caretaker responsible for cleaning or emptying the dustbin into the incinerator?	N/A	N/A	N/A	N/A	N/A	N/A
Do girls have to talk past boys' toilets to reach disposal point?	N/A	N/A	N/A	N/A	N/A	N/A

Appendix C: Document analysis results

Reference coding

Each example of an allusion or clear reference has been assigned a reference code which is used to identify it. The codes consist of three sections divided by forward slashes. The first section identifies which treaty body or special procedures mandate the example is drawn from. The possible options are as follows: CEDAW – (Committee on the Elimination of Discrimination Against Women), CRC - (Committee on the Rights of the Child), ED – Right to Education, HE – Right to Health and WS – Right to Water and Sanitation. The second section identifies whether it is an allusion, represented by ‘A’ or a clear reference to menstruation, represented by ‘R’. The third section assigns the reference with its own number so it can be identified from the other references in its category. For example: CEDAW/A/3 (Example 3 of an allusion in a CEDAW report) and ED/R/1 (Example 1 of a clear reference in a report on the Right to Education).

Country classification coding

High income country = HI Upper middle income country = UMI Lower middle income country = LMI Low income country = LI

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I. Human Rights Treaties

1.1 Summary of results

None of the 17 core human rights treaties contain any clear references or allusions to menstruation.

1.2 Results

Table 1: UN human rights treaties that make no clear references or allusions to menstruation

Year	Human rights treaties that make no clear references or allusions to menstruation
1965	Convention on the Elimination of All Forms of Racial Discrimination
1966	Covenant on Civil and Political Rights
1966	Covenant on Economic, Social and Cultural Rights
1979	Convention on the Elimination of All Forms of Discrimination against Women
1984	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
1989	Convention on the Rights of the Child
1990	Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
2006	Convention for the Protection of All Persons from Enforced Disappearance
2006	Convention on the Rights of Persons with Disabilities
2008	Optional Protocol to the Covenant on Economic, Social and Cultural Rights
1966	Optional Protocol to the International Covenant on Civil and Political Rights
1989	Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty
1999	Optional Protocol to the Convention on the Elimination of Discrimination against Women
2000	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict
2000	Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography
2002	Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
2006	Optional Protocol to the Convention on the Rights of Persons with Disabilities

1.3 Human rights law that is relevant to menstruation

Table 2: Articles in international human rights law that are relevant to menstruation

Relevant theme	Relevant articles in international human rights treaties	Additional examples of relevant articles in international law
Health (including sexual and reproductive rights)	Covenant on Economic, Social and Cultural Rights (Article 12) Convention on the Elimination of All Forms of Discrimination against Women (Articles 10(h), 11 (1f), 12 and 14 (2b)), Convention on the Rights of the Child (Article 24) Convention on the Rights of Persons with Disabilities (Article 25).	Article 25, Universal Declaration of Human Rights (1948)
Water and sanitation	Convention on the Elimination of All Forms of Discrimination against Women 14 (2h) Convention on the Rights of the Child Article 24 (2e) Convention on the Rights of Persons with Disabilities Article 28(2a).	Article 5, International Labour Organization Convention No. 161 concerning Occupational Health Services, (1985)
Education	Covenant on Economic, Social and Cultural Rights (Article 13, 14) Convention on the Elimination of All Forms of Discrimination against Women (Article 10) Convention on the Rights of the Child (Article 28)	Article 26, Universal Declaration of Human Rights (1948) UNESCO Convention against Discrimination in Education (1960).
Work (including adequate working conditions) and economic development	Covenant on Economic, Social and Cultural Rights (Articles 3, 6, 7) Convention on the Elimination of All Forms of Discrimination against Women (Article 11) Convention on the Rights of Persons with Disabilities (Article 27).	Article 23, Universal Declaration of Human Rights (1948)

II. Treaty bodies CEDAW and CRC: Concluding Observations reports

2.1 Summary of results

Table 3: Summary of results for Treaty body reports

Treaty body/ies	Number of reports with no references or allusions	Number of reports with allusions only	Number of reports with allusions and clear references	Number of reports with clear references only	Total
CEDAW	327	13	0	7	347
CRC	386	18	0	0	404
Total	713	31	0	7	751

Table 4: Summary of results for Treaty body reports (%)

Treaty body/ies	Percentage of reports with no references or allusions	Percentage of reports with allusions only	Percentage of reports with allusions and clear references	Percentage of reports with clear references only
CEDAW	94.2	3.7	0	2.0
CRC	95.5	4.5	0	0
All Treaty bodies examined	94.9	4.1	0	0.9

2.2 Breakdown of results

Table 5: Country income classification of all Treaty body reports examined

Treaty body/ies	Number of reports on low income countries	Number of reports on lower middle income countries	Number of reports on upper middle income countries	Number of reports on high income countries	Total
CEDAW	51	75	102	119	347
CRC	68	99	107	130	404
Total	119	174	209	249	751

Table 6: Country income classification of Treaty body reports with no references or allusions to menstruation

Treaty body/ies	Number of reports on low income countries	Number of reports on lower middle income countries	Number of reports on upper middle income countries	Number of reports on high income countries	Total
CEDAW	45	68	98	116	327
CRC	58	94	104	130	386
Total	103	162	202	246	713

Table 7: Country income classification of Treaty body reports with no references or allusions to menstruation (%)

Treaty body/ies	Percentage of reports on low income countries	Percentage of reports on lower middle income countries	Percentage of reports on upper middle income countries	Percentage of reports on high income countries
CEDAW	88.2	90.7	96.1	97.5
CRC	85.3	95.0	97.2	100
All Treaty bodies examined	86.6	93.1	96.7	98.8

Table 8: Treaty body allusions to menstruation

Treaty body/ies	Number of reports with allusions	Number of allusions
CEDAW	13	16
CRC	18	25
Total	31	41

Table 9: Country income classification of Treaty body reports with only allusions to menstruation

Treaty body/ies	Number of reports on low income countries (Number of allusions)	Number of reports on lower middle income (Number of allusions)	Number of reports on upper middle income (Number of allusions)	Number of reports on high income (Number of allusions)	Total number of reports with allusions (Number of allusions)
CEDAW	5 (6 allusions)	7 (9 allusions)	0	1 (1 allusion)	13 (16 allusions)
CRC	10 (15 allusions)	5 (6 allusions)	3 reports (4 allusions)	0	18 (25 allusions)
Total	15 (21 allusions)	12 (15 allusions)	3 (4 allusions)	1 (1 allusion)	31 (41 allusions)

Table 10: Country income classification of Treaty body reports with only allusions to menstruation (%)

Treaty body/ies	Percentage of reports on low Income countries	Percentage of reports on lower middle income countries	Percentage of reports on upper middle income countries	Percentage of reports on high income countries
CEDAW	9.6	9.2	0	1.0
CRC	14.7	5.1	2.8	0

2.3 Results

2.3.1 No clear references or allusions to menstruation

Committee on the Elimination of Discrimination Against Women (CEDAW)

Table 11: CEDAW reports with no clear references or allusions to menstruation

Session (Year)	Countries (Country Classification Code - UN Document Code) ¹	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
13 (1996)	Australia (HI), Barbados (HI), Bosnia and Herzegovina (UMI), Colombia (UMI), Ecuador (UMI), Federal Republic of Yugoslavia (Serbia and Montenegro) (UMI), Guatemala (LMI), Guyana (LMI), Japan (HI), Libyan Arab Jamahiriya (UMI), Madagascar (LI), Netherlands (HI), New Zealand (HI), Senegal (LMI), Zambia (LMI) (A/49/38)	15	1	4	5	5
14 (1996)	Bolivia (LMI), Chile (HI), Mauritius (UMI), Tunisia (UMI), Uganda (LI), Finland (HI), Peru (UMI), Norway (HI), Russian Federation (HI), Croatia (HI) (A/50/38)	10	1	1	3	5
15 (1996)	Belgium (HI), Cuba (UMI), Cyprus (HI), Ethiopia (LI), Hungary (UMI), Iceland (HI), Paraguay (LMI), Rwanda (LI) and Ukraine (LMI) (A/51/38)	9	2	2	2	3
16 (1997)	Canada (HI), Denmark (HI), Morocco (LMI), Philippines (LMI), Saint Vincent and the Grenadines (UMI), Slovenia (HI), Turkey (UMI) and Venezuela (UMI) (A/52/38/Rev. 1 (Part I))	8	0	2	3	3
17 (1997)	Antigua and Barbuda (HI), Argentina (UMI), Armenia (LMI), Australia (HI), Bangladesh (LI), Israel (HI), Italy (HI), Luxembourg (HI) and Namibia (UMI) (A/52/38/Rev. 1 (Part II))	9	1	1	2	5
18 (1998)	Azerbaijan (UMI), Bulgaria (UMI), Croatia (HI), Czech Republic (HI), Dominican Republic (UMI), Indonesia (LMI), Mexico (UMI) and Zimbabwe (LI) (A/53/38/Rev. 1 (Part I))	8	1	1	4	2
19 (1998)	Nigeria (LMI), New Zealand (HI), Panama (UMI), Peru (UMI), Republic of Korea (HI), Slovakia (HI), South Africa (UMI), and United Republic of Tanzania (LI) (A/53/38/Rev. 1 (Part II))	8	1	1	3	3
21 (1999)	Belize (UMI), Chile (HI), Georgia (LMI), Nepal (LI), Spain (HI) and United Kingdom (HI) (A/54/38/Rev.1 (Part II))	6	1	1	1	3
24 (2001)	Burundi (LI), Egypt (LMI), Finland (HI), Jamaica (UMI), Kazakhstan (UMI), Maldives (UMI), Mongolia (LMI) and Uzbekistan (LMI) (A/56/38 (Part I))	8	1	3	3	1
25 (2001)	Andorra (HI), Guinea (LI), Guyana (LMI), Netherlands (HI), Nicaragua (LMI), Singapore (HI), Sweden (HI) and Viet Nam (LMI) (A/56/38 (Part II))	8	1	3	0	4
26 (2002)	Estonia (HI), Fiji (UMI), Iceland (HI), Portugal (HI), Russian Federation (HI), Sri Lanka	8	0	1	1	6

¹ The UN document codes for CEDAW concluding observations documents preceding 2004 are at the end of the list of countries because the UN documented all CEDAW country reports in one document until the end of 2003.

Session (Year)	Countries (Country Classification Code - UN Document Code) ¹	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
	(LMI), Trinidad and Tobago (HI) and Uruguay (HI) (A/57/38 (Part I))					
27(2002)	Belgium (HI), Denmark (HI), St. Kitts & Nevis (HI), Suriname (UMI), Tunisia (UMI), Ukraine (LMI) and Zambia (LMI) (A/57/38 (Part II))	7	0	2	2	3
Exceptional Session (2002)	Argentina (UMI), Armenia (LMI), Barbados (HI), Czech Republic (HI), Greece (HI), Guatemala (LMI), Hungary (UMI), Mexico (UMI), Peru (UMI), Uganda (LI) and Yemen (LMI) (A/57/38)	11	1	3	4	3
28 (2003)	Albania (UMI), Canada (HI), Republic of Congo (LMI), El Salvador (LMI), Kenya (LI), Luxembourg, (HI) Norway (HI) and Switzerland (HI) (A/58/38 (Part I))	8	1	2	1	4
29 (2003)	Brazil (UMI), Costa Rica (UMI), Ecuador (UMI), France (HI), Japan (HI), Morocco (LMI), New Zealand (HI), Slovenia (HI) (A/58/38 (Part II))	8	0	1	3	4
30 (2004)	Belarus (UMI - CEDAW/C/BLR/CO/6), Bhutan (LMI - CEDAW/C/BTN/CO/3), Ethiopia (LI - CEDAW/C/ETH/CO/1), Germany (HI - CEDAW/C/DEU/CO/5), Kuwait (HI - CEDAW/C/KWT/CO/2), Kyrgyzstan (LI - CEDAW/C/KGZ/CO/2), Nepal (LI - CEDAW/C/NPL/CO/3), Nigeria (LMI - CEDAW/C/NGA/CO/5)	8	3	2	1	2
31 (2004)	Angola (UMI - CEDAW/C/AGO/CO), Argentina (UMI - CEDAW/C/ARG/CO), Bangladesh (LI - CEDAW/C/BGD/CO), Dominican Republic (UMI - CEDAW/C/DOM/CO), Equatorial Guinea (HI - CEDAW/C/GNQ/CO), Malta (HI - CEDAW/C/MLT/CO), Spain (HI - CEDAW/C/ESP/CO)	7	1	0	3	3
32 (2005)	Lao People's Democratic Republic (LMI - CEDAW/C/LAO/CC/1-5), Samoa (LMI - CEDAW/C/WSM/CC/1-3), Algeria (UMI - CEDAW/C/DZA/CC/2), Croatia (HI - CEDAW/C/CRO/CC/2-3), Gabon (UMI - CEDAW/C/GAB/CC/2-5), Italy (HI - CEDAW/C/ITA/CC/4-5), Paraguay (LMI - CEDAW/C/PAR/CC/3-5), Turkey (UMI - CEDAW/C/TUR/CC/4-5)	8	0	3	3	2
33 (2005)	Benin (LI - CEDAW/C/BEN/CO/1-3), Democratic People's Republic of Korea (LI - CEDAW/C/PRK/CO/1), Gambia (LI - CEDAW/C/GMB/CO/1-3), Lebanon (UMI - CEDAW/C/LBN/CO/2), Burkina Faso (LI - CEDAW/C/BFA/CO/4-5), Guyana (LMI - CEDAW/C/GUY/CO/3-6), Ireland (HI - CEDAW/C/IRL/CO/4-5), Israel (HI - CEDAW/C/ISR/CO/3)	8	4	1	1	2
34 (2006)	Australia (HI - CEDAW/C/AUL/CO/5), Cambodia (LI - CEDAW/C/KHM/CO/3), Eritrea (LI - CEDAW/C/ERI/CO/3), Mali (LI - CEDAW/C/MLI/CO/5), Thailand (UMI - CEDAW/C/THA/CO/5), The Former Yugoslav Republic of Macedonia (UMI - CEDAW/C/MKD/CO/3), Togo (LI - CEDAW/C/TOGO/CO/5), Venezuela (UMI - CEDAW/C/VEN/CO/6)	8	4	0	3	1
35 (2006)	Bosnia and Herzegovina (UMI - CEDAW/C/BIH/CO/3), Cyprus (HI - CEDAW/C/CYP/CO/5), Guatemala (LMI - CEDAW/C/GUA/CO/6), Malawi (LI - CEDAW/C/MWI/CO/5), Malaysia (UMI - CEDAW/C/MYS/CO/2), Romania (UMI - CEDAW/C/ROM/CO/6), Saint Lucia (UMI - CEDAW/C/LCA/CO/6), and Turkmenistan (UMI - CEDAW/C/TKM/CO/2)	8	1	1	5	1
36 (2006)	Cape Verde (LMI - CEDAW/C/CPV/CO/6), Chile (HI - CEDAW/C/CHI/CO/4), China (UMI -	15	1	6	5	3

Session (Year)	Countries (Country Classification Code - UN Document Code) ¹	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
	CEDAW/C/CHN/CO/6), Cuba (UMI - CEDAW/C/CUB/CO/6), Czech Republic (HI - CEDAW/C/CZE/CO/3), Democratic Republic of Congo (LI - CEDAW/C/COD/CO/5), Denmark (HI - CEDAW/C/DEN/CO/6), Georgia (LMI - CEDAW/C/GEO/CO/3), Ghana (LMI - CEDAW/C/GHA/CO/5), Jamaica (UMI - CEDAW/C/JAM/CO/5), Mauritius (UMI - CEDAW/C/MAR/CO/5), Mexico (UMI - CEDAW/C/MEX/CO/6), Philippines (LMI - CEDAW/C/PHI/CO/6), Republic of Moldova (LMI - CEDAW/C/MDA/CO/3), Uzbekistan (LMI - CEDAW/C/UZB/Q/3)					
37 (2007)	Austria (HI - CEDAW/C/AUT/CO/6), Azerbaijan (UMI - CEDAW/C/AZE/CO/3), Colombia (UMI - CEDAW/C/COL/CO/6), Greece (HI - CEDAW/C/GRC/CO/6), India (LMI - CEDAW/C/IND/CO/3), Kazakhstan (UMI - CEDAW/C/KAZ/CO/2), Maldives (UMI - CEDAW/C/MDV/CO/3), Namibia (UMI - CEDAW/C/NAM/CO/3), Netherlands (HI - CEDAW/C/NLD/CO/4), Nicaragua (LMI - CEDAW/C/NIC/CO/6), Peru (UMI - CEDAW/C/PER/CO/6), Poland (HI - CEDAW/C/POL/CO/6), Suriname (UMI - CEDAW/C/SUR/CO/3), Tajikistan (LI - CEDAW/C/TJK/CO/3), Viet Nam (LMI - CEDAW/C/VNM/CO/6)	15	1	3	7	4
38 (2007)	Mauritania (LMI - CEDAW/C/MRT/CO/1), Mozambique (LI - CEDAW/C/MOZ/CO/2), Niger (LI - CEDAW/C/NER/CO/2), Pakistan (LMI - CEDAW/C/PAK/CO/3), Serbia (UMI - CEDAW/C/SCG/CO/1), Sierra Leone (LI - CEDAW/C/SLE/CO/5), Syrian Arab Republic (LMI - CEDAW/C/SYR/CO/1), Vanuatu (LMI - CEDAW/C/VUT/CO/3)	8	3	4	1	0
39 (2007)	Cook Islands (UMI - CEDAW/C/COK/CO/1), Belize (UMI - CEDAW/C/BLZ/CO/3), Brazil (UMI - CEDAW/C/BRA/CO/6), Estonia (HI - CEDAW/C/EST/CO/4), Guinea (LI - CEDAW/C/GIN/CO/6), Honduras (LMI - CEDAW/C/HON/CO/6), Hungary (UMI - CEDAW/C/HUN/CO/6), Indonesia (LMI - CEDAW/C/IDN/CO/3), Jordan (UMI - CEDAW/C/JOR/CO/4), Kenya (LI - CEDAW/C/KEN/CO/6), Liechtenstein (HI - CEDAW/C/LIE/CO/3), New Zealand (HI - CEDAW/C/NZL/CO/6), Norway (HI - CEDAW/C/NOR/CO/7), Republic of Korea (HI - CEDAW/C/KOR/CO/6), Singapore (HI - CEDAW/C/SGP/CO/3)	15	2	2	5	6
40 (2008)	Bolivia (LMI - CEDAW/C/BOL/CO/4), Burundi (LI - CEDAW/C/BDI/CO/4), Saudi Arabia (HI - CEDAW/C/SAU/CO/2), France (HI - CEDAW/C/FRA/CO/6), Lebanon (UMI - CEDAW/C/LBN/CO/3), Luxembourg (HI - CEDAW/C/LUX/CO/5), Sweden (HI - CEDAW/C/SWE/CO/7)	7	1	1	1	4
41 (2008)	Finland (HI - CEDAW/C/FIN/CO/6), Iceland (HI - CEDAW/C/ICE/CO/6), Lithuania (HI - CEDAW/C/LTU/CO/4), Nigeria (LMI - CEDAW/C/NGA/CO/6), Slovakia (HI - CEDAW/C/SVK/CO/4), United Kingdom (HI - CEDAW/C/UK/CO/6), United Republic of Tanzania (LI - CEDAW/C/TZA/CO/6)	7	1	1	0	5
42 (2008)	Bahrain (HI - CEDAW/C/BHR/CO/2), Belgium (HI - CEDAW/C/BEL/CO/6), Canada (HI - CEDAW/C/CAN/CO/7), Ecuador (UMI - CEDAW/C/ECU/CO/7), El Salvador (LMI - CEDAW/C/SLV/CO/7), Kyrgyzstan (LI - CEDAW/C/KGZ/CO/3), Madagascar (LI - CEDAW/C/MDG/CO/5), Mongolia (LMI - CEDAW/C/MNG/CO/7), Myanmar (LI - CEDAW/C/MMR/CO/3), Portugal (HI - CEDAW/C/PRT/CO/7), Slovenia (HI -	12	3	2	1	6

Session (Year)	Countries (Country Classification Code - UN Document Code) ¹	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
	CEDAW/C/SVN/CO/4), Uruguay (HI - CEDAW/C/URY/CO/7)					
43 (2009)	Armenia (LMI - CEDAW/C/ARM/CO/4/Rev.1), Cameroon (LMI - CEDAW/C/CMR/CO/3), Dominica (UMI - CEDAW/C/DMA/CO/AR), Germany (HI - CEDAW/C/DEU/CO/6), Guatemala (LMI - CEDAW/C/GUA/CO/7), Haiti (LI - CEDAW/C/HTI/CO/7), Libyan Arab Jamahiriya (UMI - CEDAW/C/LBY/CO/5), Rwanda (LI - CEDAW/C/RWA/CO/6)	8	2	3	2	1
44 (2009)	Azerbaijan (UMI - CEDAW/C/AZE/CO/4), Denmark (HI - CEDAW/C/DEN/CO/7), Lao People's Democratic Republic (LMI - CEDAW/C/LAO/CO/7), Japan (HI - CEDAW/C/JPN/CO/6), Spain (HI - CEDAW/C/ESP/CO/6), Switzerland (HI - CEDAW/C/CHE/CO/3), Timor Leste (LMI - CEDAW/C/TLS/CO/1), Tuvalu (UMI - CEDAW/C/TUV/CO/2)	8	0	2	2	4
46 (2010)	Albania (UMI - CEDAW/C/ALB/CO/3), Argentina (UMI - CEDAW/C/ARG/CO/6), Australia (HI - CEDAW/C/AUL/CO/7), Fiji (UMI - CEDAW/C/FJI/CO/4), Papua New Guinea (LMI - CEDAW/C/PNG/CO/3), Russian Federation (HI - CEDAW/C/USR/CO/7), Turkey (UMI - CEDAW/C/TUR/CO/6)	7	0	1	4	2
47 (2010)	Burkina Faso (LI - CEDAW/C/BFA/CO/6), Czech Republic (HI - CEDAW/C/CZE/CO/5), India (LMI - CEDAW/C/IND/CO/SP.1), Malta (HI - CEDAW/C/MLT/CO/4), Tunisia (UMI - CEDAW/C/TUN/CO/6), Uganda (LI - CEDAW/C/UGA/CO/7)	6	2	1	1	2
48 (2011)	Bangladesh (LI - CEDAW/C/BGD/CO/7), Belarus (UMI - CEDAW/C/BLR/CO/7), Israel (HI - CEDAW/C/ISR/CO/5), Liechtenstein (HI - CEDAW/C/LIE/CO/4), Sri Lanka (LMI - CEDAW/C/LKA/CO/7), South Africa (UMI - CEDAW/C/ZAF/CO/4)	6	1	1	2	2
49 (2011)	Costa Rica (UMI - CEDAW/C/CRI/CO/5-6), Italy (HI - CEDAW/C/ITA/CO/6), Nepal (LI - CEDAW/C/NPL/CO/4-5), Republic of Korea (HI - CEDAW/C/KOR/CO/7), Singapore (HI - CEDAW/C/SGP/CO/4/Rev.1)	5	1	0	1	3
50 (2011)	Côte d'Ivoire (LMI - CEDAW/C/CIV/CO/1-3), Kuwait (HI - CEDAW/C/KWT/CO/3-4), Lesotho (LMI - CEDAW/C/LSO/CO/1-4), Mauritius (UMI - CEDAW/C/MUS/CO/6-7), Montenegro (UMI - CEDAW/C/MNE/CO/1), Oman (HI - CEDAW/C/OMN/CO/1), Paraguay (LMI - CEDAW/C/PRY/CO/6)	7	0	3	2	2
51 (2012)	Algeria (UMI - CEDAW/C/DZA/CO/3-4), Brazil (UMI - CEDAW/C/BRA/CO/7), Congo (LMI - CEDAW/C/COG/CO/6); Grenada (UMI - CEDAW/C/GRD/CO/1-5), Jordan (UMI - CEDAW/C/JOR/CO/5), Norway (HI - CEDAW/C/NOR/CO/8), Zimbabwe (LI - CEDAW/C/ZWE/CO/2-5)	7	1	1	4	1
52 (2012)	Bahamas (HI - CEDAW/C/BHS/CO/1-5), Bulgaria (UMI - CEDAW/C/BGR/CO/4-7), Guyana (LMI - CEDAW/C/GUY/CO/7-8), Indonesia (LMI - CEDAW/C/IDN/CO/6-7), Jamaica (UMI - CEDAW/C/JAM/CO/6-7), Mexico (UMI - CEDAW/C/MEX/CO/7-8), New Zealand (HI - CEDAW/C/NZL/CO/7).	7	0	2	3	2
53 (2012)	Chile (HI - CEDAW/C/CHL/CO/5-6), Togo (LI - CEDAW/C/TGO/CO/6-7), Turkmenistan (UMI - CEDAW/C/TKM/CO/3-4)	3	1	0	1	1
54 (2013)	Angola (UMI - CEDAW/C/AGO/CO/6), Austria (HI - CEDAW/C/AUT/CO/7-8), Cyprus (HI - CEDAW/C/CYP/CO/6-7), Greece (HI - CEDAW/C/GRC/CO/7), Hungary (UMI -	6	0	0	3	3

Session (Year)	Countries (Country Classification Code - UN Document Code) ¹	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
	CEDAW/C/HUN/CO/7-8), The Former Yugoslav Republic of Macedonia (UMI - CEDAW/C/MKD/CO/4-5)					

Committee on the Rights of the Child (CRC)

Table 12: CRC reports with no clear references or allusions to menstruation

Session (Year)	Countries (Country Classification Code - UN Document Code) ²	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
3 (1993)	Bolivia (LMI - CRC/C/15/Add.1), Sweden (HI - CRC/C/15/Add.2), Viet Nam (LMI - CRC/C/15/Add.3), Russian Federation (HI - CRC/C/15/Add.4), Egypt (LMI - CRC/C/15/Add.5)	5	0	3	0	2
4 (1993)	Costa Rica (UMI - CRC/C/15/Add.117), El Salvador (LMI - CRC/C/15/Add.9), Indonesia (LMI - CRC/C/15/Add.7), Rwanda (LI - CRC/C/15/Add.12), Sudan (LMI - CRC/C/15/Add.6)	5	1	3	1	0
5 (1994)	Belarus (UMI - CRC/C/15/Add.17), Colombia (UMI - CRC/C/15/Add.15), Mexico (UMI - CRC/C/15/Add.13), Namibia (UMI - CRC/C/15/Add.14), Romania (UMI - CRC/C/15/Add.16)	5	0	0	5	0
6 (1994)	Burkina Faso (LI - CRC/C/15/Add.19), Chile (HI - CRC/C/15/Add.22), France (HI - CRC/C/15/Add.20), Jordan (UMI - CRC/C/15/Add.21), Norway (HI - CRC/C/15/Add.23), Pakistan (LMI - CRC/C/15/Add.18)	6	1	1	1	3
7 (1994)	Argentina (UMI - CRC/C/15/Add.35), Honduras (LMI - CRC/C/15/Add.24), Indonesia (LMI - CRC/C/15/Add.25), Madagascar (LI - CRC/C/15/Add.26), Paraguay (LMI - CRC/C/15/Add.27), Spain (HI - CRC/C/15/Add.28)	6	1	3	1	1
8 (1995)	Colombia (UMI - CRC/C/15/Add.30), Denmark (HI - CRC/C/15/Add.33), Jamaica (UMI - CRC/C/15/Add.32), Philippines (LMI - CRC/C/15/Add.29), Poland (HI - CRC/C/15/Add.31), United Kingdom (HI - CRC/C/15/Add.34)	6	0	1	2	3
9 (1995)	Belgium (HI - CRC/C/15/Add.38), Canada (HI - CRC/C/15/Add.37), Nicaragua (LMI - CRC/C/15/Add.36), Sri Lanka (LMI - CRC/C/15/Add.40), Tunisia (UMI - CRC/C/15/Add.39)	5	0	2	1	2
10 (1995)	Germany (HI - CRC/C/15/Add.43), Holy See (HI - CRC/C/15/Add.46), Italy (HI - CRC/C/15/Add.41), Portugal (HI - CRC/C/15/Add.45), Senegal (LMI - CRC/C/15/Add.44), Ukraine (LMI - CRC/C/15/Add.42)	6	0	2	0	4

² The UN document codes for CEDAW concluding observations documents preceding 2004 are at the end of the list of countries because the UN documented all CEDAW country reports in one document until the end of 2003.

Session (Year)	Countries (Country Classification Code - UN Document Code) ²	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
11 (1996)	Croatia (HI - CRC/C/15/Add.52), Finland (HI - CRC/C/15/Add.53), Iceland (HI - CRC/C/15/Add.50), Mongolia (LMI - CRC/C/15/Add.48), Republic of Korea (HI - CRC/C/15/Add.51), Yemen (LMI - CRC/C/15/Add.47), Former Republic of Yugoslavia (Serbia and Montenegro) (UMI - CRC/C/15/Add.49)	7	0	2	1	4
12 (1996)	China (UMI - CRC/C/15/Add.56), Cyprus (HI - CRC/C/15/Add.59), Guatemala (LMI - CRC/C/15/Add.58), Lebanon (UMI - CRC/C/15/Add.54), Nepal (LI - CRC/C/15/Add.57), Zimbabwe (LI - CRC/C/15/Add.55)	6	2	1	2	1
13 (1996)	Mauritius (UMI - CRC/C/15/Add.64), Morocco (LMI - CRC/C/15/Add.60), Nigeria (LMI - CRC/C/15/Add.61), Slovenia (HI - CRC/C/15/Add.65), United Kingdom (Hong Kong) (HI - CRC/C/15/Add.63), Uruguay (HI - CRC/C/15/Add.62)	6	0	2	1	3
14 (1996)	Bulgaria (UMI - CRC/C/15/Add.66), Ethiopia (LI - CRC/C/15/Add.67), Myanmar (LI - CRC/C/15/Add.69), New Zealand (HI - CRC/C/15/Add.71), Panama (UMI - CRC/C/15/Add.68), Syrian Arab Republic (LMI - CRC/C/15/Add.70)	6	2	1	2	1
15 (1997)	Algeria (UMI - CRC/C/15/Add.76), Azerbaijan (UMI - CRC/C/15/Add.77), Bangladesh (LI - CRC/C/15/Add.74), Cuba (UMI - CRC/C/15/Add.72), Ghana (LMI - CRC/C/15/Add.73), Paraguay (LMI - CRC/C/15/Add.75)	6	1	2	3	0
16 (1997)	Australia (HI - CRC/C/15/Add.79), Czech Republic (HI - CRC/C/15/Add.81), Laos (LMI - CRC/C/15/Add.78), Togo (LI - CRC/C/15/Add.83), Trinidad and Tobago (HI - CRC/C/15/Add.82), Uganda (LI - CRC/C/15/Add.80)	6	2	1	0	3
17 (1998)	Ireland (HI - CRC/C/15/Add.85), Libya (UMI - CRC/C/15/Add.84), Micronesia (LMI - CRC/C/15/Add.86)	3	0	1	1	1
18 (1998)	Democratic People's Republic of Korea (LI - CRC/C/15/Add.88), Fiji (UMI - CRC/C/15/Add.89), Hungary (UMI - CRC/C/15/Add.87), Japan (HI - CRC/C/15/Add.90), Luxembourg (HI - CRC/C/15/Add.92), Maldives (UMI - CRC/C/15/Add.91)	6	1	0	3	2
19 (1998)	Bolivia (LMI - CRC/C/15/Add.95), Ecuador (UMI - CRC/C/15/Add.93), Iraq (UMI - CRC/C/15/Add.94), Kuwait (HI - CRC/C/15/Add.96), Thailand (UMI - CRC/C/15/Add.97)	5	0	1	3	1
20 (1999)	Austria (HI - CRC/C/15/Add.98), Belize (UMI - CRC/C/15/Add.99), Guinea (LI - CRC/C/15/Add.100), Sweden (HI - CRC/C/15/Add.101), Yemen (LMI - CRC/C/15/Add.102)	5	1	1	1	2
21 (1999)	Barbados (HI - CRC/C/15/Add.103), Benin (LI - CRC/C/15/Add.106), Chad (LI - CRC/C/15/Add.107), Honduras (LMI - CRC/C/15/Add.105), Nicaragua (LMI - CRC/C/15/Add.108), St. Kitts and Nevis (HI - CRC/C/15/Add.104)	6	2	2	0	2
22 (1999)	Mali (LI - CRC/C/15/Add.113), Mexico (UMI - CRC/C/15/Add.112), Netherlands (HI - CRC/C/15/Add.114), Russian Federation (HI - CRC/C/15/Add.110), Vanuatu (LMI - CRC/C/15/Add.111), Venezuela (UMI - CRC/C/15/Add.109)	6	1	1	2	2
23 (2000)	Armenia (LMI - CRC/C/15/Add.119), Costa Rica (UMI - CRC/C/15/Add.117), Grenada (UMI - CRC/C/15/Add.121), India (LMI - CRC/C/15/Add.115), Macedonia (UMI - CRC/C/15/Add.118), Peru (UMI - CRC/C/15/Add.120), Sierra Leone (LI - CRC/C/15/Add.116), South Africa (UMI - CRC/C/15/Add.122)	8	1	2	5	0
24 (2000)	Cambodia (LI - CRC/C/15/Add.128), Djibouti (LMI - CRC/C/15/Add.131), Georgia (LMI -	9	2	2	3	2

Session (Year)	Countries (Country Classification Code - UN Document Code) ²	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
	CRC/C/15/Add.124), Iran (UMI - CRC/C/15/Add.123), Jordan (UMI - CRC/C/15/Add.125), Kyrgyzstan (LI - CRC/C/15/Add.127), Malta (HI - CRC/C/15/Add.129), Norway (HI - CRC/C/15/Add.126), Suriname (UMI - CRC/C/15/Add.130)					
25 (2000)	Comoros (LI - CRC/C/15/Add.141), Finland (HI - CRC/C/15/Add.132), Marshall Islands (UMI - CRC/C/15/Add.139), Slovakia (HI - CRC/C/15/Add.140), Tajikistan (LI - CRC/C/15/Add.136), United Kingdom Overseas Territories (HI - CRC/C/15/Add.135), United Kingdom (Isle of Man) (HI - CRC/C/15/Add.134)	7	2	0	1	4
26 (2001)	Dominican Republic (UMI - CRC/C/15/Add.150), Egypt (LMI - CRC/C/15/Add.145), Ethiopia (LI - CRC/C/15/Add.144), Latvia (HI - CRC/C/15/Add.142), Lesotho (LMI - CRC/C/15/Add.147), Liechtenstein (HI - CRC/C/15/Add.143), Lithuania (HI - CRC/C/15/Add.146), Palau (UMI - CRC/C/15/Add.149), Saudi Arabia (HI - CRC/C/15/Add.148)	9	1	2	2	4
27 (2001)	Bhutan (LMI - CRC/C/15/Add.157), Democratic Republic of Congo (LI - CRC/C/15/Add.153), Denmark (HI - CRC/C/15/Add.151), Guatemala (LMI - CRC/C/15/Add.154), Côte d'Ivoire (LMI - CRC/C/15/Add.155), Monaco (HI - CRC/C/15/Add.158), Tanzania (LI - CRC/C/15/Add.156), Turkey (UMI - CRC/C/15/Add.152)	8	2	3	1	2
28 (2001)	Cameroon (LMI - CRC/C/15/Add.164), Cape Verde (LMI - CRC/C/15/Add.168), Gambia (LI - CRC/C/15/Add.165), Kenya (LI - CRC/C/15/Add.160), Mauritania (LMI - CRC/C/15/Add.159), Oman (HI - CRC/C/15/Add.161), Paraguay (LMI - CRC/C/15/Add.166), Portugal (HI - CRC/C/15/Add.162), Qatar (HI - CRC/C/15/Add.163), Uzbekistan (LMI - CRC/C/15/Add.167)	10	2	5	0	3
29 (2002)	Andorra (HI - CRC/C/15/Add.176), Bahrain (HI - CRC/C/15/Add.175), Chile (HI - CRC/C/15/Add.173), Gabon (UMI - CRC/C/15/Add.171), Greece (HI - CRC/C/15/Add.170), Lebanon (UMI - CRC/C/15/Add.169), Malawi (LI - CRC/C/15/Add.174), Mozambique (LI - CRC/C/15/Add.172)	8	2	0	2	4
30 (2002)	Belarus (UMI - CRC/C/15/Add.180), Belgium (HI - CRC/C/15/Add.178), Guinea-Bissau (LI - CRC/C/15/Add.177), Niger (LI - CRC/C/15/Add.179), Spain (HI - CRC/C/15/Add.185), St Vincent (UMI - CRC/C/15/Add.184), Switzerland (HI - CRC/C/15/Add.182), Tunisia (UMI - CRC/C/15/Add.181), United Arab Emirates (HI - CRC/C/15/Add.183)	9	2	0	3	4
31 (2002)	Argentina (UMI - CRC/C/15/Add.187), Israel (HI - CRC/C/15/Add.195), Moldova (LMI - CRC/C/15/Add.192), Poland (HI - CRC/C/15/Add.194), Seychelles (UMI - CRC/C/15/Add.189), Sudan (LMI - CRC/C/15/Add.190), Ukraine (LMI - CRC/C/15/Add.191), United Kingdom (HI - CRC/C/15/Add.188)	8	0	3	2	3
32 (2003)	Czech Republic (HI - CRC/C/15/Add.201), Estonia (HI - CRC/C/15/Add.196), Iceland (HI - CRC/C/15/Add.203), Italy (HI - CRC/C/15/Add.198), Republic of Korea (HI - CRC/C/15/Add.197), Romania (UMI - CRC/C/15/Add.199), Viet Nam (LMI - CRC/C/15/Add.200)	7	0	1	1	5
33 (2003)	Cyprus (HI - CRC/C/15/Add.205), Eritrea (LI - CRC/C/15/Add.204), Jamaica (UMI - CRC/C/15/Add.210), Kazakhstan (UMI - CRC/C/15/Add.213), Libyan Arab Jamahiriya (UMI - CRC/C/15/Add.209), Morocco (LMI - CRC/C/15/Add.211), Solomon Islands (LMI -	8	1	3	3	1

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			LI	LMI	UMI	HI
	CRC/C/15/Add.208), Sri Lanka (LMI - CRC/C/15/Add.207)					
34 (2003)	Brunei Darusalam (HI - CRC/C/15/Add.219), Canada (HI - CRC/C/15/Add.215), Georgia (LMI - CRC/C/15/Add.222), New Zealand (HI - CRC/C/15/Add.216), Pakistan (LMI - CRC/C/15/Add.217), San Marino (HI - CRC/C/15/Add.214), Singapore (HI - CRC/C/15/Add.220)	7	0	2	0	5
35 (2004)	Armenia (LMI - CRC/C/15/Add.225), Germany (HI - CRC/C/15/Add.226), Guyana (LMI - CRC/C/15/Add.224), India (LMI - CRC/C/15/Add.228), Indonesia (LMI - CRC/C/15/Add.223), Japan (HI - CRC/C/15/Add.231), Netherlands (including Aruba) (HI - CRC/C/15/Add.227), Papua New Guinea (LMI - CRC/C/15/Add.229), Slovenia (HI - CRC/C/15/Add.230)	9	0	5	0	4
36 (2004)	Democratic People's Republic of Korea (LI - CRC/C/15/Add.239), Dominica (UMI - CRC/C/15/Add.238), El Salvador (LMI - CRC/C/15/Add.232), France (HI - CRC/C/15/Add.240), Myanmar (LI - CRC/C/15/Add.237), Panama (UMI - CRC/C/15/Add.233), Sao Tome e Principe (LMI - CRC/C/15/Add.235)	7	2	2	2	1
37 (2004)	Angola (UMI - CRC/C/15/Add.246), Antigua and Barbuda (HI - CRC/C/15/Add.247), Botswana (UMI - CRC/C/15/Add.242), Brazil (UMI - CRC/C/15/Add.241), Croatia (HI - CRC/C/15/Add.243), Equatorial Guinea (HI - CRC/C/15/Add.245), Kyrgyzstan (LI - CRC/C/15/Add.244)	7	1	0	3	3
38 (2005)	Albania (UMI - CRC/C/15/Add.249), Austria (HI - CRC/C/15/Add.251), Bahamas (HI - CRC/C/15/Add.253), Belize (UMI - CRC/C/15/Add.252), Bolivia (LMI - CRC/C/15/Add.256), Iran (UMI - CRC/C/15/Add.254), Luxembourg (HI - CRC/C/15/Add.250), Nigeria (LMI - CRC/C/15/Add.257), Sweden (HI - CRC/C/15/Add.248), Togo (LI - CRC/C/15/Add.255)	10	1	2	3	4
39 (2005)	Bosnia and Herzegovina (UMI - CRC/C/15/Add.260), Costa Rica (UMI - CRC/C/15/Add.266), Ecuador (UMI - CRC/C/15/Add.262), Mongolia (LMI - CRC/C/15/Add.264), Nepal (LI - CRC/C/15/Add.261), Norway (HI - CRC/C/15/Add.263), Nicaragua (LMI - CRC/C/15/Add.265), Philippines (LMI - CRC/C/15/Add.259), Saint Lucia (UMI - CRC/C/15/Add.258), Yemen (LMI - CRC/C/15/Add.267)	10	1	4	4	1
40 (2005)	Algeria (UMI - CRC/C/15/Add.269), Australia (HI - CRC/C/15/Add.268), China (including Hong-Kong and Macau) (UMI - CRC/C/CHN/CO/2), Denmark (HI - CRC/C/DNK/CO/3), Finland (HI - CRC/C/15/Add.272), Russian Federation (HI - CRC/C/RUS/CO/3)	6	0	0	2	4
41 (2006)	Azerbaijan (UMI - CRC/C/AZE/CO/2), Ghana (LMI - CRC/C/GHA/CO/2), Hungary (UMI - CRC/C/HUN/CO/2), Liechtenstein (HI - CRC/C/LIE/CO/2), Lithuania (HI - CRC/C/LTU/CO/2), Mauritius (UMI - CRC/C/MUS/CO/2), Peru (HI - CRC/C/PER/CO/3), Saudi Arabia (HI - CRC/C/SAU/CO/2), Thailand (UMI - CRC/C/THA/CO/2), Trinidad and Tobago (HI - CRC/C/TTO/CO/2)	10	0	1	4	5
42 (2006)	Colombia (UMI - CRC/C/COL/CO/3), Latvia (HI - CRC/C/LVA/CO/2), Lebanon (UMI - CRC/C/LBN/CO/3), Mexico (UMI - CRC/C/MEX/CO/3), Tanzania (LI - CRC/C/TZA/CO/2), Turkmenistan (UMI - CRC/C/TKM/CO/1), Uzbekistan (LMI - CRC/C/UZB/CO/2)	7	1	1	4	1
43 (2006)	Benin (LI - CRC/C/BEN/CO/2), Ethiopia (LI - CRC/C/ETH/CO/3), Ireland (HI - CRC/C/IRL/CO/2), Jordan (UMI - CRC/C/JOR/CO/3), Kiribati (LMI - CRC/C/KIR/CO/1),	10	2	5	1	2

Session (Year)	Countries (Country Classification Code - UN Document Code) ²	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
	Oman (HI - CRC/C/OMN/CO/2), Republic of Congo (LMI - CRC/C/COG/CO/1), Senegal (LMI - CRC/C/SEN/CO/2), Samoa (LMI - CRC/C/WSM/CO/1), Swaziland (LMI - CRC/C/SWZ/CO/10)					
44 (2007)	Chile (HI - CRC/C/CHL/CO/3), Honduras (LMI - CRC/C/HND/CO/3), Kenya (LI - CRC/C/KEN/CO/2), Malaysia (UMI - CRC/C/MYS/CO/1), Mali (LI - CRC/C/MLI/CO/2), Marshall Islands (UMI - CRC/C/MHL/CO/2), Suriname (UMI - CRC/C/SUR/CO/2)	7	2	1	3	1
45 (2007)	Kazakhstan (UMI - CRC/C/KAZ/CO/3), Slovak Republic (HI - CRC/C/SVK/CO/2), Uruguay (HI - CRC/C/URY/CO/2)	3	0	0	1	2
46 (2007)	Venezuela (UMI - CRC/C/VEN/CO/2)	1	0	0	1	0
47 (2007)	Dominican Republic (UMI - CRC/C/DOM/CO/2), Timor Leste (LMI - CRC/C/TLS/CO/1)	2	0	1	1	0
48 (2008)	Bulgaria (UMI - CRC/C/BGR/CO/2), Eritrea (LI - CRC/C/ERI/CO/3), Georgia (LMI - CRC/C/GEO/CO/3), Serbia (UMI - CRC/C/SRB/CO/1), Sierra Leone (LI - CRC/C/SLE/CO/2)	5	2	1	2	0
49 (2008)	Bhutan (LMI - CRC/C/BTN/CO/2), Djibouti (LMI - CRC/C/DJI/CO/2), United Kingdom (HI - CRC/C/GBR/CO/4)	3	0	2	0	1
50 (2008)	Democratic People's Republic of Korea (LI - CRC/C/PRK/CO/4), Democratic Republic of the Congo (LI - CRC/C/COD/CO/2), Malawi (LI - CRC/C/MWI/CO/2), Republic of Moldova (LMI - CRC/C/MDA/CO/3), Netherlands (HI - CRC/C/NLD/CO/3), Republic of Chad (LI - CRC/C/TCD/CO/2)	6	4	1	0	1
51 (2009)	France (HI - CRC/C/FRA/CO/4), Niger (LI - CRC/C/NER/CO/2), Sweden (HI - CRC/C/ROM/CO/4), Romania (UMI - CRC/C/SWE/CO/4)	4	1	0	1	2
52 (2009)	Mozambique (LI - CRC/C/MOZ/CO/2), Pakistan (LMI - CRC/C/PAK/CO/4), Philippines (LMI - CRC/C/PHL/CO/3-4), Qatar (HI - CRC/C/QAT/CO/2)	4	1	2	0	1
53 (2010)	Burkina Faso (LI - CRC/C/BFA/CO/3-4), El Salvador (LMI - CRC/C/SLV/CO/3-4), Norway (HI - CRC/C/NOR/CO/4), Mongolia (LMI - CRC/C/MNG/CO/3-4), Tajikistan (LI - CRC/C/TJK/CO/2)	5	2	2	0	1
54 (2010)	Argentina (UMI - CRC/C/ARG/CO/3-4), Belgium (HI - CRC/C/BEL/CO/3-4), Grenada (UMI - CRC/C/GRD/CO/2), Japan (HI - CRC/C/JPN/CO/3), Nigeria (LMI - CRC/C/NGA/CO/3-4), The former Yugoslav Republic of Macedonia (UMI - CRC/C/MKD/CO/2), Tunisia (UMI - CRC/C/TUN/CO/3)	7	0	1	4	2
55 (2010)	Burundi (LI - CRC/C/BDI/CO/2), Guatemala (LMI - CRC/C/GTM/CO/3-4), Montenegro (UMI - CRC/C/MNE/CO/1), Nicaragua (LMI - CRC/C/NIC/CO/4), Spain (HI - CRC/C/ESP/CO/3-4), Sri Lanka (LMI - CRC/C/LKA/CO/3-4), Sudan (LMI - CRC/C/SDN/CO/3-4)	7	1	4	1	1
56 (2011)	Afghanistan (LI - CRC/C/AFG/CO/1), Belarus (UMI - CRC/C/BLR/CO/3-4), Denmark (HI - CRC/C/DNK/CO/4), Lao People's Democratic Republic (LMI - CRC/C/LAO/CO/2), New Zealand (HI - CRC/C/NZL/CO/3-4), Singapore (HI - CRC/C/SGP/CO/2-3), Ukraine (LMI - CRC/C/UKR/CO/3-4)	7	1	2	1	3
57 (2011)	Bahrain (HI - CRC/C/BHR/CO/2-3), Cambodia (LI - CRC/C/KHM/CO/2-3), Costa Rica (UMI - CRC/C/CRI/CO/4), Cuba (UMI - CRC/C/CUB/CO/2), Czech Republic (HI - CRC/C/CZE/CO/3-4), Egypt (HI - CRC/C/EGY/CO/3-4), Finland (HI - CRC/C/FIN/CO/4)	7	1	0	2	4

Session (Year)	Countries (Country Classification Code - UN Document Code) ²	No. of Country Reports	Country Income Classification			
			LI	LMI	UMI	HI
58 (2011)	Iceland (HI - CRC/C/ISL/CO/3-4), Italy (HI - CRC/C/ITA/CO/3-4), Panama (UMI - CRC/C/PAN/CO/3-4), Republic of Korea (HI - CRC/C/KOR/CO/3-4), Seychelles (UMI - CRC/C/SYC/CO/2-4), Syrian Arab Republic (LMI - CRC/C/SYR/CO/3-4)	6	0	1	2	3
59 (2012)	Azerbaijan (UMI - CRC/C/AZE/CO/3-4), Cook Islands (UMI - CRC/C/COK/CO/1), Madagascar (LI - CRC/C/MDG/CO/3-4), Myanmar (LI - CRC/C/MMR/CO/3-4), Thailand (UMI - CRC/C/THA/CO/3-4), Togo (LI - CRC/C/TGO/CO/2-4)	6	3	0	3	0
60 (2012)	Algeria (UMI - CRC/C/DZA/CO/3-4), Australia (HI - CRC/C/AUS/CO/4), Cyprus (HI - CRC/C/CYP/CO/3-4), Greece (HI - CRC/C/GRC/CO/2-3), Turkey (UMI - CRC/C/TUR/CO/2-3), Viet Nam (LMI - CRC/C/VNM/CO/3-4)	6	0	1	2	3
61 (2012)	Albania (UMI - CRC/C/ALB/CO/2-4), Andorra (HI - CRC/C/AND/CO/2), Austria (HI - CRC/C/AUT/CO/3-4), Bosnia and Herzegovina (UMI - CRC/C/BIH/CO/2-4), Canada (HI - CRC/C/CAN/CO/3-4), Namibia (UMI - CRC/C/NAM/CO/2-3)	6	0	0	3	3
62 (2013)	Guyana (LMI - CRC/C/GUY/CO/2-4), Malta (HI - CRC/C/MLT/CO/2), Niue (UMI - CRC/C/NIE/CO/1)	3	0	1	1	1
63 (2013)	Armenia (LMI - CRC/C/ARM/CO/3-4), Guinea-Bissau (LI - CRC/C/GNB/CO/2-4), Israel (HI - CRC/C/ISR/CO/2-4), Rwanda (LI - CRC/C/RWA/CO/3-4), Slovenia (HI - CRC/C/SVN/CO/3-4)	5	2	1	0	2

2.2.2 Allusions to menstruation

Committee on the Elimination of Discrimination Against Women (CEDAW)

Table 13: CEDAW reports with allusions to menstruation

Session (Year)	Country (Country Income Classification - Document Code)	Reference code	Allusion (paragraph)	Theme(s)
40 (2008)	Morocco, (LMI - CEDAW/C/MAR/CO/4)	CEDAW/A/1	‘The Committee recommends that the State party implement measures to ensure access to girls and women to all levels of education. Such measures could include [...] proper sanitation, water and electricity, which have a direct impact on the realization of their right to education, especially in rural areas’ (27).	Sanitation, Education
41 (2008)	Yemen (LMI - CEDAW/C/YEM/CO/6)	CEDAW/A/2	‘The Committee reiterates its recommendation that the State party implement measures to ensure access to girls and women to all levels of education, including access to proper and dedicated toilets facilities, which have a direct impact on the realization of their right to education, especially in rural areas’ (374).	Sanitation, Education
44 (2009)	Bhutan (LMI - CEDAW/C/BTN/CO/7)	CEDAW/A/3	‘inadequate infrastructure in the schools’ (25) (as a barrier to girls’ education).	Infrastructure, Education
44 (2009)	Guinea-Bissau (LI - CEDAW/C/GNB/CO/6)	CEDAW/A/4	‘lack of physical infrastructure’ (33) (as a barrier to girls’ education).	Infrastructure, Education
44 (2009)	Liberia (LI - CEDAW/C/LBR/CO/6)	CEDAW/A/5	‘lack of physical infrastructure’ (32) (as a barrier to girls’ education).	Infrastructure
48 (2011)	Kenya (LI, CEDAW/C/KEN/CO/7)	CEDAW/A/6	‘inadequate physical infrastructure’ (31) (as a barrier to girls’ education).	Infrastructure, Education
49 (2011)	Djibouti (LMI - CEDAW/C/DJI/CO/1-3)	CEDAW/A/7	‘The Committee calls upon the State party to continue taking measures to ensure equal access of girls and women to all levels of education, such as: (d) Ensuring girls’ safety and addressing their health needs, including by opening more schools close to rural communities and by building separate and functioning latrines, in particular in primary schools’ (27).	Sanitation, Education

Session (Year)	Country (Country Income Classification - Document Code)	Reference code	Allusion (paragraph)	Theme(s)
		CEDAW/A/8	‘The Committee recommends that the State party continue its efforts to: [...] (c) Improve women’s and girls’ access to safe drinking water and adequate sanitation in rural areas by building new wells, taps and sanitation facilities’ (33).	Sanitation
49 (2011)	Ethiopia (LI - CEDAW/C/ETH/CO/6-7)	CEDAW/A/9	‘The Committee welcomes the measures taken by the State party to promote women’s and girls’ access to education, in particular in rural and pastoralist areas, including: (b) The introduction of girl-friendly schools, as well as the construction of separate latrines for girls and boys in schools ‘ (8).	Sanitation, Education
		CEDAW/A/10	‘The Committee calls on the State party to continue taking measures to address regional disparities and ensure equal access of girls and women to all levels of education, such as measures to: [...] (c) Improve the quality of education and make it more attractive and safer for women and girls, including by increasing the number of girl-friendly schools and schools with separate latrines for boys and girls and by investigating and adequately punishing any abuse of women and girls by other students or by teachers’ (31).	Sanitation, Education
49 (2011)	Zambia (LMI - CEDAW/C/ZMB/CO/5-6)	CEDAW/A/11	‘The Committee is concerned about a number of other challenges relating to education in Zambia, such as the lack of adequate capacity and infrastructure at schools, including inappropriate sanitary facilities for girls’ (29).	Sanitation, Education
		CEDAW/A/12	‘[The Committee] urges the State to: [...] (g) Ensure that the new schools mentioned by the delegation during the dialogue, which are soon to be constructed, consider and adopt the gender-specific concerns of women and girls, including the availability of appropriate sanitary facilities’ (30).	Sanitation
50 (2011)	Chad (LI - CEDAW/C/TCD/CO/1-4)	CEDAW/A/13	‘the lack of adequate infrastructure, including water and separated sanitation facilities for girls’ (30) (as a barrier to girls’ education).	Sanitation, Education, infrastructure
52 (2012)	Samoa (LMI - CEDAW/C/WSM/CO/4-5)	CEDAW/A/14	‘The Committee is further concerned that, notwithstanding the development of the Water for Life: Water Sector Plan and Framework Action 2008-2013 and the independent water schemes associations, rural women experience limited access to clean drinking water and adequate sanitation’ (34)	Sanitation
53 (2012)	Equatorial Guinea (HI- CEDAW/C/GNQ/CO/6)	CEDAW/A/15	‘[The Committee] urges the State to: [...] (c) Integrate gender specific concerns of women and girls, including the availability of appropriate sanitary facilities into existing and new schools’ (32).	Sanitation

Session (Year)	Country (Country Income Classification - Document Code)	Reference code	Allusion (paragraph)	Theme(s)
54 (2013)	Pakistan (LMI - CEDAW/C/PAK/CO/4)	CEDAW/A/16	‘school infrastructure’ (27) (as a barrier to girls’ education).	Infrastructure

Committee on the Rights of the Child (CRC)

Table 14: CRC reports with allusions to menstruation

Session (Year)	Country (Country Income Classification - Document Code)	Reference Code	Allusion (paragraph)	Theme(s)
31 (2002)	Burkina Faso (LI - CRC/C/15/Add.193)	CRC/A/1	‘The Committee recommends that the State party: (a) Undertake a comprehensive study to assess the nature and extent of adolescent health problems, with the full participation of children and adolescents, and use this study as a basis for the formulation of adolescent health policies and programmes, paying particular attention to adolescent girls’ (41).	Adolescent girls’ health
32 (2003)	Haiti (LI - CRC/C/15/Add.202)	CRC/A/2	‘The Committee recommends that the State party: (a) Undertake all necessary measures to formulate adequate adolescent health policies and programmes, paying particular attention to adolescent girls’ (47).	Adolescent girls’ health
33 (2003)	Syrian Arab Republic (LMI - CRC/C/15/Add.212)	CRC/A/3	The Committee recommends that the State party: (a) Strengthen initiatives to stem the problem of school drop-out at primary and secondary levels, especially in rural areas and by girls, by addressing issues such as inadequate sanitation in school buildings, early marriages, indirect costs of attending school and the lack of school transportation’ (45).	Sanitation, Education
34 (2003)	Bangladesh (LI - CRC/C/15/Add.221)	CRC/A/4	‘The Committee recommends that the State party: [...] (d) Provide appropriate sanitation facilities, especially for females, in all schools’ (65).	Sanitation
34 (2003)	Madagascar (LI - CRC/C/15/Add.218)	CRC/A/5	The Committee recommends that the State party, in light of its general comment No. 4 on adolescent health and development: (a) Undertake a comprehensive study to assess the nature and extent of adolescent health problems, with the full participation of children and adolescents, and use the results as a basis for the formulation of adolescent health policies and programmes, paying particular attention to adolescent girls’ (50).	Adolescent girls’ health
34 (2003)	Rwanda (LI - CRC/C/15/Add.234)	CRC/A/6	The Committee is concerned that insufficient attention has been given to adolescent health issues, including developmental, mental and reproductive health concerns, substance abuse, as well as adolescents traumatized by the consequences of the genocide. The Committee is also concerned at the particular situation of girls, given, for instance, the very high percentage of early marriages and early pregnancies, which can have a negative impact on their health. (50)	Adolescent girls’ health
36 (2004)	Liberia (LI - CRC/C/15/Add.236)	CRC/A/7	The Committee is concerned that insufficient attention has been given to adolescent health issues, including developmental, mental and	Adolescent girls’ health

Session (Year)	Country (Country Income Classification - Document Code)	Reference Code	Allusion (paragraph)	Theme(s)
			reproductive health concerns as well as substance abuse. The Committee is also concerned at the particular situation of girls, given, for instance, the high teenage pregnancy rate which can have a negative impact on their health' (48).	
40 (2005)	Uganda (LI - CRC/C/UGA/CO/2)	CRC/A/8	'The Committee notes with appreciation the approach taken by the State party in hosting more than 200,000 refugees and in paying full respect to the principle of non-refoulement, as codified in the 1951 Convention relating to the Status of Refugees. The Committee also notes the new draft refugee bill, which incorporates fundamental human rights principles. It further notes the policy of "universal primary education", which secures access to education for refugee children. However, the Committee is concerned at the poor living conditions, high drop-out rates among girls from fourth grade onwards, inadequate sanitary materials for girls attending schools and lack of reproductive health education' (61).	Sanitary materials for school girls, health Education
40 (2005)	Maldives (UMI - CRC/C/MDV/CO/3)	CRC/A/9	'The Committee is concerned that [...] the lack of appropriate sanitary facilities, including separate toilets, impede the full participation of girls in education, particularly in secondary schools' (77).	Sanitation, Education
		CRC/A/10	'In the light of article 28 of the Convention, Committee recommends that the State party continue to allocate adequate financial, human and technical resources in order to: [...] (c) [...] ensure the provision of girls' sanitary facilities in all schools' (78).	Sanitation
45 (2007)	Mauritania (LMI - CRC/C/MRT/CO/2)	CRC/A/11	'The Committee recommends that the State party, taking into account its general comment No. 1 (2001) on the aims of education: [...] (c) [...] improve school facilities, notably water and sanitation, including separate facilities for boys and girls, in particular in rural areas' (66).	Sanitation
51 (2009)	Bangladesh (LI - CRC/C/BGD/CO/4)	CRC/A/12	'The Committee notes with concern the information from the State party regarding the inadequate attention to the health of adolescents, especially females. The Committee is also concerned that the decision to incorporate policies for adolescents into a newly revised Children's Policy may obscure the necessary distinctions between the needs of the different age groups. Of urgent concern for adolescent health are issues arising from violence against girls and early marriages, as well as under-nutrition, access to health education and facilities, including separate and appropriate sanitary facilities in schools. The Committee is further concerned about the inadequate facilities and counselling services for mental health and reproductive health for adolescents' (63).	Adolescent girls' health, Sanitation, health education
		CRC/A/13	'The Committee recommends that the State party: (a) Undertake a comprehensive study in order to understand the nature and extent of	Adolescent girls'

Session (Year)	Country (Country Income Classification - Document Code)	Reference Code	Allusion (paragraph)	Theme(s)
		CRC/A/14	adolescent health problems, with the full participation of adolescents, and use this as a basis for the formulation of adolescent health policies and programmes, with particular attention to female adolescents; [...] (c) Pay special attention to the psycho-social needs of adolescents, especially girls, and provide appropriate, child-friendly, and confidential counselling services in schools and clinics and disseminate information about their existence and availability;	health Sanitation, Empowerment
		CRC/A/15	(d) Provide separate and appropriate sanitary facilities for adolescent girls and boys' (64). 'In addition, the Committee is concerned at [...] the lack of separate sanitation facilities for girls and boys' (74).	Sanitation
		CRC/A/16	'The Committee recommends that the State party: [...] (i) Better equip schools with educational materials and adequate sanitation facilities for girls and boys' (75).	Sanitation
52 (2009)	Bolivia (LMI - CRC/C/BOL/CO/4)	CRC/A/17	'The Committee recommends that the State party: (a) Undertake a comprehensive study in order to understand the nature and extent of adolescent health problems, with the full participation of adolescents, and use this as a basis for the formulation of adolescent health policies and programmes, with particular attention to female adolescents' (56).	Adolescent girls' health, empowerment
53 (2010)	Paraguay (LMI - CRC/C/PRY/CO/3)	CRC/A/18	'The Committee recommends that the State party: (a) Undertake a comprehensive study in order to understand the nature and extent of adolescent health problems and use this as a basis for the formulation of adolescent health policies and programmes, with particular attention to girl adolescents, with the full participation of adolescents' (53).	Adolescent girls' health, empowerment
53 (2010)	Ecuador (UMI - CRC/C/ECU/CO/4)	CRC/A/19	'The Committee recommends that the State party: (a) Undertake a comprehensive study in order to understand the nature and extent of adolescent health problems, with the full participation of adolescents, and use this as a basis for the formulation of adolescent health policies and programmes, with particular attention to female adolescents' (61).	Adolescent girls' health, empowerment
53 (2010)	Cameroon (LMI - CRC/C/CMR/CO/2)	CRC/A/20	'The Committee urges the State party to: (a) Undertake a comprehensive study to assess the nature and extent of adolescent health problems, with the full participation of adolescents, and use this study as a basis for the formulation of adolescent health policies and programmes, paying particular attention to adolescent girls and sexually transmitted infections (STIs) and adolescents out of school' (58)	Adolescent girls' health, empowerment
		CRC/A/21	The Committee strongly recommends that the State party: [...] (h) Improve school facilities, notably water and sanitation, including	Sanitation

Session (Year)	Country (Country Income Classification - Document Code)	Reference Code	Allusion (paragraph)	Theme(s)
			separate sanitary facilities for boys and girls' (66).	
54 (2010)	Angola (UMI - CRC/C/AGO/CO/2-4)	CRC/A/22	'The Committee recommends that the State party: [...] (c) Take steps to ensure, by the construction of new schools and the rehabilitation of destroyed schools, that there are an adequate number of schools and classrooms within communities and that these schools and classrooms have gender sensitive sanitation facilities' (60).	Sanitation
61 (2012)	Liberia (LI - CRC/C/LBR/CO/2-4)	CRC/A/23	'[The Committee] remains deeply concerned [...] the lack of adequate and sufficient sanitary facilities for girls in schools' (71).	Sanitation
		CRC/A/24	'The Committee recommends that the State party: (g) [...] the State party should ensure the existence of clean sanitary facilities for girls in all schools' (71).	Sanitation
62 (2013)	Guinea (LI -CRC/C/GIN/CO/2)	CRC/A/25	'The Committee is particularly concerned that: [...] (d) Poor hygiene facilities pose major problems for children, especially girls' (73).	Sanitation

2.2.3 Clear references to menstruation

Committee on the Elimination of Discrimination Against Women (CEDAW)

Table 15: CEDAW reports with clear references to menstruation

Session (Year)	Reference Code	Country/ies (Country Income Classification) (Document Code)	Reference	Reference (paragraph)	Theme	No. of reports	Country Income Classification			
							HI	UMI	LMI	LI
20 (1999)	CEDAW/R/ 1	Algeria (UMI), China (UMI), Colombia (UMI), Greece (HI), Kyrgyzstan (LI), Liechtenstein (HI) and Thailand (UMI) (A/54/38)	Chapter I, Matters brought to the attention of State parties, A. General recommendation 24, article 12 of the Convention on the Elimination of All Forms of Discrimination against Women- women and health	‘States parties should report on their understanding of how policies and measures on health care address the health rights of women from the perspective of women’s needs and interests and how it addresses distinctive features and factors that differ for women in comparison to men, such as: (a) Biological factors that differ for women in comparison with men, such as their menstrual cycle, their reproductive function and menopause. Another example is the higher risk of exposure to sexually transmitted diseases that women face’ (12(a)).	Women’s health	7	2	4	0	1

III. Special Procedures Reports

3.1 Summary of Results

Table 16: Summary of results for Special procedures reports

Mandate	Number of reports with no references or allusions (Number of annual reports, Number of country reports)	Number of reports with allusions only (Number of annual reports, Number of country reports)	Number of reports with allusions <u>and</u> clear references (Number of annual reports, Number of country reports)	Number of reports with clear references only (Number of annual reports, Number of country reports)	Total (Number of annual reports, Number of country reports)
Right to Education	37 (15 annual, 22 country)	2 (2 annual, 0 country)	0	1 (annual)	40 (18 annual, 22 country)
Right to Health	39 (23 annual, 16 country)	0	0	1 (annual)	40 (24 annual, 16 country)
Right to Water and Sanitation	9 (2 annual, 7 country)	2 (2 annual, 0 country)	2 (2 annual, 0 country)	7 (4 annual, 3 country)	20 (10 annual, 10 country)
Total	85 (40 annual, 45 country)	4 (4 annual, 0 country)	2 (2 annual, 0 country)	9 (6 annual, 6 country)	100 (62 annual, 48 country)

Table 17: Summary of results for Special procedures (%)

Mandate(s)	Percentage of the mandate's reports with no references or allusions	Percentage of the mandate's reports with allusions only	Percentage of the mandate's reports with allusions and clear references	Percentage of the mandate's reports with clear references only
Right to Education	92.5	5	0	2.5
Right to Health	97.5	0	0	2.5
Right to Water and Sanitation	45	10	10	35
All mandates examined	85	4	2	9

3.2 Breakdown of results

Table 18: Special procedures reports with only allusions

Mandate	Number of reports with allusions only	Number of allusions in reports with allusions only
Right to Education	2 (annual)	4
Right to Health	0	0
Right to Water and Sanitation	2 (annual)	5
Total	4 (annual)	9

Table 19: Special Procedures reports with a combination of allusions and clear references

Mandate	Number of reports with a combination of allusions and clear references	Number of allusions in reports with a combination of allusions and clear references	Number of clear references in reports with a combination of allusions and clear references
Right to Education	0	0	0
Right to Health	0	0	0
Right to Water and Sanitation	2 (annual)	3	7
Total	2 (annual)	3	7

Table 20: Special Procedures reports with only clear references to menstruation

Mandate	Number of reports with clear references	Number of clear references
Right to Education	1 (annual)	1
Right to Health	1 (annual)	1
Right to Water and Sanitation	7 (4 annual, 3 country)	30
Total	9 (6 annual, 3 country)	32

3.3 Results

3.3.1 No clear references or allusions to menstruation

Right to Education³

Table 21: Right to Education reports with no clear references or allusions to menstruation

Year	Report Type	Report Title (UN document code) <i>A country classification code precedes the UN document code for country mission reports (Country Classification – UN Document Code)</i>
1999	Annual report	Preliminary report of the Special Rapporteur on the right to education (E/CN.4/1999/49)
2000	Annual report	Progress report of the Special Rapporteur on the right to education (E/CN.4/2000/6)
2001	Annual report	Annual report of the Special Rapporteur on the right to education (E/CN.4/2001/52)
2002	Annual report	Annual report of the Special Rapporteur on the right to education (E/CN.4/2002/60)
2003	Annual report	The right to education - Report of the Special Rapporteur (E/CN.4/2003/9)
2005	Annual report	Report submitted by the Special Rapporteur on the right to education (E/CN.4/2005/50)
2007	Annual report	The right to education of persons with disabilities (A/HRC/4/29)
2008	Annual report	Right to education in emergency situations - Report of the Special Rapporteur on the right to education (A/HRC/8/10)
2009	Annual report	The Right to education of persons in detention - Report of the Special Rapporteur on the right to education (A/HRC/11/8)
2010	Annual report	The Right to education of migrants, refugees and asylum-seekers (A/HRC/14/25)
2010	Annual report	Sexual education (A/65/162)
2010	Annual report	Equality of opportunity in education (A/HRC/17/29)
2011	Annual report	Financing education and update on education in emergencies (A/66/269)
2012	Annual report	Technical and Vocational Education and Training (TVET) (A/67/310)
2012	Annual report	Justiciability and the right to education (A/HRC/23/35)
2000	Country mission	Mission to the United Kingdom of Great Britain and Northern Ireland (England) (HI - E/CN.4/2000/6/Add.2)
2000	Country mission	Mission to Uganda (LI - E/CN.4/2000/6/Add.1)
2002	Country mission	Mission to Turkey (UMI - E/CN.4/2002/60/Add.2)
2002	Country mission	Mission to the United States of America (HI - E/CN.4/2002/60/Add.1)
2003	Country mission	Mission to Indonesia (LMI - E/CN.4/2003/9/Add.1)
2003	Country mission	Mission to the United Kingdom (Northern Ireland) (HI - E/CN.4/2003/9/Add.2)

³ As the reports for the missions to Tunisia and Senegal were only available online in French, I conducted the electronic search in French for the words (menstruation, menstruel, règles, hygiène, hygiénique, sanitation, sanitaire, adolescent, adolescence, jeune, fille(s), femme(s), genre).

Year	Report Type	Report Title (UN document code)
		<i>A country classification code precedes the UN document code for country mission reports (Country Classification – UN Document Code)</i>
2004	Country mission	Mission to China (UMI - E/CN.4/2004/45/Add.1)
2004	Country mission	Mission to Colombia (UMI - E/CN.4/2004/45/Add.2)
2006	Country mission	Mission to Botswana (UMI - E/CN.4/2006/45/Add.1)
2007	Country mission	Mission to Germany (HI - A/HRC/4/29/Add.3)
2007	Country mission	Preliminary note on mission to Morocco (LMI - A/HRC/4/29/Add.2)
2008	Country mission	Mission to Bosnia and Herzegovina (UMI - A/HRC/8/10/Add.4)
2008	Country mission	Mission au Morocco (LMI - A/HRC/8/10/Add.2)
2009	Country mission	Mission to Guatemala (LMI - A/HRC/11/8/Add.3)
2009	Country mission	Mission to Malaysia (UMI - A/HRC/11/8/Add.2)
2010	Country mission	Mission to Mexico (UMI - A/HRC/14/25/Add.4)
2010	Country mission	Mission to Mongolia (LMI - A/HRC/14/25/Add.3)
2010	Country mission	Mission to Paraguay (LMI - A/HRC/14/25/Add.2)
2010	Country mission	Mission to Senegal (LMI - A/HRC/17/29/Add.2)
2011	Country mission	Mission to Kazakhstan (UMI - A/HRC/20/21/Add.1)
2012	Country mission	Mission to Tunisia (UMI - A/HRC/23/35/Add.2)
2012	Country mission	Mission to Ecuador (UMI - A/HRC/23/35/Add.1)

Right to Health

Table 22: Right to Health reports with no clear references or allusions to menstruation

Year	Report Type	Report Title (UN document code)
		<i>A country classification code precedes the UN document code for country mission reports (Country Classification – UN Document Code)</i>
2003	Annual report	Report to the General Assembly, Main focus: Right to health indicators (A/58/427)
2003	Annual report	Report to the Commission on Human Rights, Main focus: Definition of the human right to health (E/CN.4/2003/58)
2004	Annual report	World Trade Organization (E/CN.4/2004/49/Add.1)
2004	Annual report	Report to the General Assembly, Health-related Millennium Development Goals (A/59/422)
2004	Annual report	Report to the Commission on Human Rights, Main focus: The rights to sexual and reproductive health (E/CN.4/2004/49)
2005	Annual report	Report to the General Assembly, Main focus: Health professionals and human rights education (A/60/348)
2005	Annual report	Report to the Commission on Human Rights, Main focus: Mental disability and the right to health (E/CN.4/2005/51)
2006	Annual report	Report to the General Assembly, Main focus: The right to health and the reduction of maternal mortality (A/61/338)
2006	Annual report	Report to the Commission on Human Rights, Main focus: A human rights-based approach to health indicators (E/CN.4/2006/48)

Year	Report Type	Report Title (UN document code)
		<i>A country classification code precedes the UN document code for country mission reports (Country Classification – UN Document Code)</i>
2007	Annual report	Report to the Human Rights Council, Main focus: The health and human rights movement (A/HRC/4/28)
2008	Annual report	Report to the Human Rights Council, Main focus: Health systems and the right to the highest attainable standard of health (A/HRC/7/11)
2008	Annual report	Report to the General Assembly (A/63/263)
2009	Annual report	Report to the Human Rights Council, Main focus: right to health in the context of access to medicines and intellectual property rights (A/HRC/11/12)
2009	Annual report	Report to the General Assembly, Main focus: right to health and informed consent (A/64/272)
2009	Annual report	Mission to Glaxo Smith Kline (A/HRC/11/12/Add.2)
2010	Annual report	Report to the Human Rights Council, Main focus: right to health and criminalization of same-sex conduct and sexual orientation, sex-work and HIV transmission (A/HRC/14/20)
2010	Annual report	Report to the General Assembly, Main focus: the right to health and international drug control, compulsory treatment for drug dependence and access to controlled medicines (A/65/255)
2011	Annual report	Report to the Human Rights Council, Main focus: right to health and development (A/HRC/17/25)
2011	Annual report	Report to the Human Rights Council, Main focus: report on expert consultation on access to medicines (A/HRC/17/43)
2011	Annual report	Report to the Human Rights Council, Main focus: right to health of older persons (A/HRC/18/37)
2011	Annual report	Report to the General Assembly, Main focus: criminalisation of sexual and reproductive health (A/66/254)
2012	Annual report	Report to the Human Rights Council, Main focus: occupational health (A/HRC/20/15)
2012	Annual report	Report to the General Assembly, Main focus: health financing in the context of the right to health (A/67/302)
2003	Country mission	Mission to Romania (UMI - E/CN.4/2005/51/Add.4)
2004	Country mission	Mission to Peru (UMI - E/CN.4/2005/51/Add.3)
2004	Country mission	Mission to Mozambique (LI - E/CN.4/2005/51/Add.2)
2005	Country mission	Mission to Uganda (LI - E/CN.4/2006/48/Add.2)
2006	Country mission	Mission to Lebanon (UMI) and Israel (HI) (A/HRC/2/7) ⁴
2006	Country mission	Mission to Sweden (HI) (A/HRC/4/28/Add.2)
2007	Country mission	Mission to Uganda (LI - joint report with mission to the World Bank and the International Monetary Fund) (A/HRC/7/11/Add.2)
2007	Country mission	Mission to Ecuador (UMI) and Colombia (UMI) (Preliminary notes A/HRC/7/11/Add.3)
2007	Country mission	Mission to India (LMI) (Preliminary notes A/HRC/7/11/Add.4)
2010	Country mission	Mission to India (LMI - A/HRC/14/20/Add.2)
2010	Country mission	Mission to Poland (HI - A/HRC/14/20/Add.3)
2010	Country mission	Mission to Australia (HI - A/HRC/14/20/Add.4)
2011	Country mission	Mission to the Syrian Arab Republic (LMI - A/HRC/17/25/Add.3)
2011	Country mission	Mission to Guatemala (LMI - A/HRC/17/25/Add.2)
2012	Country mission	Mission to Viet Nam (LMI - A/HRC/20/15/Add.2)
2012	Country mission	Mission to Ghana (LMI - A/HRC/20/15/Add.1)

⁴ Joint mission with the Special Rapporteur on extrajudicial, summary or arbitrary executions; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Representative of the Secretary-General on human rights of internally displaced persons and the and the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, Miloon Kothari.

Right to Water and Sanitation

Table 23: Right to Water and Sanitation reports with no clear references or allusions to menstruation

Year	Report Type	Report Title (UN document code) <i>A country classification code precedes the UN document code for country mission reports (Country Classification – UN Document Code)</i>
2010	Annual report	Human Rights Obligations Related to Non-State Service Provision in Water and Sanitation (A/HRC/15/31)
2011	Annual report	Financing for the Realization of the Rights to Water and Sanitation (A/66/255)
2009	Country mission	Mission to Costa Rica (UMI - A/HRC/12/24/Add.1)
2009	Country mission	Mission to Egypt (LMI - A/HRC/15/31/Add.3)
2010	Country mission	Mission to Japan (HI - A/HRC/18/33/Add.3)
2011	Country mission	Mission to Namibia (UMI - A/HRC/21/42/Add.3)
2011	Country mission	Mission to Senegal (LMI - A/HRC/21/42/Add.1)
2011	Country mission	Mission to United States of America (HI - A/HRC/18/33/Add.4)
2012	Country mission	Mission to Uruguay (HI - A/HRC/21/42/Add.2)

3.3.2 Allusions to menstruation

Right to Education

Table 24: Right to Education reports with only allusions to menstruation

Report type (Year)	Reference code	Report title (Document code)	Allusion (paragraph)	Theme(s)
Annual report (2006)	Girls' right to education - Report submitted by the Special Rapporteur on the right to education (E/CN.4/2006/45)	ED/A/1	'The Special Rapporteur recommends to the States that they should: Guarantee a significant and growing budget to bolster programmes for the construction and improvement of school infrastructure until all national needs are met. That infrastructure must be sited within communities and include a drinking water supply and separate, private, safe sanitation services for girls' (127, 129).	Sanitation, infrastructure
		ED/A/2	'The Special Rapporteur recommends to the States that they should: Establish efficient mechanisms for supplying sanitary towels to adolescent girls who so wish, especially in rural areas, and ensure they can always have the use of the sanitation facilities they need' (127, 132).	Sanitation, sanitary materials
Annual report	Report of the United Nations Special	ED/A/3	'The physical environment requirements can include aspects such as the presence of basic facilities (sanitation, separate toilets for girls,	Sanitation

Report type (Year)	Reference code	Report title (Document code)	Allusion (paragraph)	Theme(s)
(2011)	Rapporteur on the right to education: Normative Action for Quality Education (A/HRC/20/21)		ramp for persons with disabilities)’ (52)	
		ED/A/4	‘A number of States have regulations outlining the necessary infrastructure for schools. In India, for instance, according to the Right of Children to Free and Compulsory Education Act, schools must have an all-weather building, with separate toilets for boys and girls, along with a kitchen, clean water for drinking and a playground with a secure boundary wall’ (53).	infrastructure

Right to Water and Sanitation

Table 25: Right to Water and Sanitation reports with only allusions to menstruation

Report type (Year)	Report title (Document code)	Reference Code	Allusion (paragraph)	Theme(s)
Annual (2010)	The MDGs and the right to water and sanitation (A/65/254)	WS/A/4	‘lack of adequate or appropriate sanitation facilities keep girls out of school’ (6d).	Sanitation, Education
		WS/A/5	‘For many women and girls inadequate sanitation implies a loss of dignity and represents a source of insecurity’ (6e).	Sanitation, empowerment
		WS/A/6	‘Thirdly, human rights require sanitation facilities, in particular, to be culturally acceptable. This will often require gender-specific facilities. Also, facilities will often have to be constructed in a way that ensures privacy and dignity’ (27).	Sanitation, empowerment
		WS/A/7	‘The human rights criteria are required to ensure that access is factually guaranteed. For instance, physical “access” alone is not sufficient, when people cannot afford expensive water and sanitation services. The existence of toilets is not sufficient when women cannot use them because they are not sex-separated or do not guarantee privacy. In this way, human rights criteria offer a guide for the development of more specific and contextually appropriate indicators to ensure that human development objectives are achieved and sustained in practice’ (33).	Sanitation
Annual (2011)	National Plans of Action for the Realization of the Rights to Water and Sanitation (A/HRC/18/33)	WS/A/8	‘Sanitation facilities, in particular, must be culturally acceptable. This will often require gender-specific facilities, constructed in a way that ensures privacy and dignity’ (7c).	Sanitation, Empowerment

3.3.3 Clear references to menstruation

Right to Education

Table 26: Right to Education reports with clear references to menstruation

Report type (Year)	Report title (Document code)	Reference Code	Reference (paragraph)	Theme(s)
Annual (2004)	The right to education - Report submitted by the Special Rapporteur (E/CN.4/2004/45)	ED/R/1	<p>‘A similar situation has been described by Mozambique:</p> <p>“Rural communities usually consider that a girl is no longer a child when she has her first menstruation. This is when initiation rites take place or are concluded and she is ready for married life some rural communities practice initiation rites on girls even before their first menstruation, sometimes when they are only seven years old” (CRC/C/41/Add.11, paras. 69-70)’ (40).</p>	Puberty

Right to Health

Table 27: Right to Health reports with clear references to menstruation

Report type (Year)	Report title (Document code)	Reference Code	Reference (paragraph)	Theme(s)
Annual (2007)	Report to the General Assembly (Main focus: Water, sanitation and the right to the highest attainable standard of health) (A/62/214)	H/R/1	<p>‘The water and sanitation needs of women are different from those of men. For example, women tend to place a higher value on household toilets than men, yet women are often absent from decision-making and priority-setting processes. The result is that the distinctive water and sanitation needs of women and girls (for example during menstruation and during and after pregnancy) are often neglected in discussions about sanitation and hygiene’ (98).</p>	Sanitation, Empowerment

Right to Water and Sanitation

Table 28: Right to Water and Sanitation reports with only clear references to menstruation

Report type (Year)	Report title (Document code)	Reference Code	Reference (paragraph)	Theme(s)
Annual (2010)	Progress report on the compilation of Good Practices (A/HRC/15/31/Add.1)	WS/R/8	‘Hygiene considerations, such as menstrual hygiene and anal and genital cleansing, also have important safety dimensions’ (22).	Menstrual hygiene
		WS/R/9	‘In many cultures, toilets must be constructed so as to ensure acy. Acceptability will often require separate facilities for women and men in public places, and for girls and boys in schools. As mentioned above with regard to quality, facilities should accommodate common hygiene practices in specific cultures, such as anal and genital cleansing, and women’s toilets need to accommodate menstruation needs’ (26).	Sanitation, Menstrual hygiene
Annual (2011)	Good practices compilation (A/HRC/18/33/Add.1)	WS/R/10	‘Good hygiene is an essential aspect of acquiring the full health benefits of access to water and sanitation. Considerations of menstrual hygiene are a relatively recent advance, as development workers and community members have found this a difficult topic to discuss; it is, however, a critical issue for women’s health and their enjoyment of many human rights. WaterAid Bangladesh and its partners carried out a baseline study in the slums of Dhaka early in 2005, to understand the beliefs and practices of menstrual hygiene and management. It found that many unhygienic practices were due to a lack of awareness and unwillingness to talk about menstruation, as well as to a lack of safe water facilities for washing and drying rags. An underlying culture of shame and inadequate attention can lead to serious reproductive and other health problems. As a result, WaterAid piloted the design of different women-friendly toilets and has developed educational and communication materials to raise awareness’ (57).	Women’s health, Menstrual hygiene, Taboo, sanitation, sanitary materials
		WS/R/11	‘In the United Republic of Tanzania, assisting women and girls in managing menstrual hygiene is also an issue addressed by the non-governmental organization Water and Environmental Sanitation in a schools sanitation project. The aim is to contribute to improving the ability of girls reaching puberty to manage menstruation with dignity and confidence and hence remain in school. Teacher sensitization and lesson planning to teach girls menstrual hygiene management is available for use across the entire country’ (58).	Sanitation, Menstrual hygiene, health education, education empowerment
		WS/R/12	‘Owing to religious, cultural or social norms, women are often not able to participate fully in decision-making processes, and taboos surrounding latrine use are often stronger for women than for men. In	Empowerment, Taboo

Report type (Year)	Report title (Document code)	Reference Code	Reference (paragraph)	Theme(s)
			Nepal, the Rural Village Water Resources Management Project promoted the inclusion of women and disadvantaged groups in water and sanitation delivery processes by means of the Gender Equity and Social Inclusion Strategy. The strategy promotes and supports the socio-economic empowerment of women, the poor and socially excluded through capacity-building, equal access to resources, participation in decision-making, promoting income-generation and advocating for social change, particularly in relation to discriminatory practices, such as the isolation of women during menstruation' (62).	
Annual (2012)	Stigma and the realization of the human rights to water and sanitation (A/HRC/21/42)	WS/R/13	'In many instances, stigmatized people are perceived as 'dirty', 'filthy', and 'smelly', affecting for instance homeless populations, menstruating women and girls, Roma communities, Dalits or women suffering from obstetric fistula' (22).	Stigma
		WS/R/14	'The silence and stigma surrounding menstruation makes finding solutions for menstrual hygiene management a low priority. Menstruating women and girls often lack a private place to change or wash the rags used. Menstruation has many negative cultural attitudes associated with it, including the idea that menstruating women and girls are 'contaminated', 'dirty', 'impure' or 'polluted'. These manifest in practices such as the seclusion of women and girls, reduced mobility, dietary restrictions, and/or women and girls being required to use different water sources or prohibited from preparing food for others during menstruation—practices that are often deeply rooted in sociocultural and patriarchal interpretations of religious prescriptions. Even where such restrictions are not followed, women and girls may continue to harbour internalized stigma and are embarrassed to discuss menstruation. The lack of privacy for cleaning and washing, the fear of staining and smelling, and the lack of hygiene in school toilets are major reasons for being absent from school during menstruation, and have a negative impact on girls' right to education' (25).	Taboo, menstrual hygiene, access to education, sanitation, menstrual materials
		WS/R/15	'[States] have positive obligations that extend into [the private] realm, requiring States, for instance, to take measures that enable women and girls to manage their menstrual hygiene needs in a manner that protects their privacy and dignity' (57).	Menstrual hygiene, empowerment
		WS/R/16	'People who are stigmatized often feel embarrassment and shame, so they remain silent and are incapable of combating stigma working against them. Where stigmatized people lack voice and agency, empowering them to know and claim their rights is crucial. This	Empowerment, menstrual hygiene, taboo, health

Report type (Year)	Report title (Document code)	Reference Code	Reference (paragraph)	Theme(s)
			requires States to ensure access to information on rights and mechanisms to claim them, as well as to information on issues such as menstruation and hygiene' (62).	education
		WS/R/17	'Silence is a major component of stigma. The first step is to speak openly about what seems —unpleasant or —unmentionable or deviates from dominant public opinion, and to recognize the stigma attached—be it obstetric fistula, homelessness, intersexuality, menstrual hygiene or another issue. Stigma is often based on ignorance, fears and misconceptions that can be tackled through awareness-raising. The voice of the stigmatized must be amplified, and their space must be broadened to clearly articulate their needs and rights' (64).	Menstrual hygiene, taboo
		WS/R/18	'In the context of menstrual hygiene, UNICEF Bangladesh aims to contribute to developing better menstrual hygiene in rural areas through the training of community hygiene promoters targeting 30 million rural Bangladeshis' (66).	Menstrual hygiene
		WS/R/19	'Some prejudices develop at an early age and can be inherited from parents and others and must therefore be addressed as early as possible. Schools have an obligation to educate children to act as agents of change, developing tolerant behaviour towards others, encouraging dialogue and interaction and promoting changes that will eventually permeate other spheres. Human rights education with a focus on non-discrimination should be part of every school curriculum. Education should be inclusive, accepting students with differences, so that these differences are perceived as 'normal' and students develop respect for 'otherness'. The same holds true for comprehensive sexual education, including on menstruation, in order to provide accurate information and combat silence and stigma, targeting both girls and boys' (69).	Health education, stigma
		WS/R/20	'The provision of adequate facilities is crucial for menstrual hygiene management, since it is often the lack of a safe and clean space that prevents women and girls from exercising proper hygiene' (74).	Menstrual hygiene, sanitation
Annual (2012)	Integrating non-discrimination and equality into post-2015 development agenda for water, sanitation and hygiene (A/67/270)	WS/R/21	'improving access to water and sanitation reduces the burden of inadequate menstrual hygiene management' (27).	Menstrual hygiene, sanitation
		WS/R/22	'One particular area where individual inequalities and the lack of attention to the needs of women and girls is starkly apparent is menstrual hygiene management. Menstruation is a taboo topic. In this context, women and girls are forced into furtive practices and obliged to hide their hygiene practices and limit their movements during menstruation. Although there is a dearth of research in this area, several studies demonstrate that adolescent girls often face significant	

Report type (Year)	Report title (Document code)	Reference Code	Reference (paragraph)	Theme(s)
			restrictions during and associated with their menses. Girls may be taken out of school or workplaces or choose not to attend because there are no facilities for hygienically managing menstruation in sanitation facilities' (73).	Menstrual hygiene, taboo, sanitation, women at work, access to education
		WS/R/23	'Because menstrual hygiene management has such a strong impact on gender equality, it could be used as a proxy for information about discrimination against women and girls in sanitation and hygiene. Targets and indicators should be crafted to capture the ability of all women and adolescent girls to manage menstruation hygienically and with dignity, supported by amending the relevant household surveys explicitly asking about adequate menstrual hygiene management' (74).	Menstrual hygiene, empowerment, sanitation
		WS/R/24	'Against this background, the Special Rapporteur recommends the following: [...] Address the need for adequate menstrual hygiene management for women and girls' (76 b).	Menstrual hygiene
		WS/R/25	'Targets and indicators should be crafted to ensure that women and adolescent girls can manage menstruation hygienically and with dignity, including by specific questions in relevant household surveys about adequate menstrual hygiene management' (76c).	Menstrual hygiene
Country mission (2009)	Bangladesh (LI - A/HRC/15/55)	WS/R/26	'the dropout rate of adolescent girls can be related to whether they have access to separate latrines or appropriate facilities for ensuring menstrual hygiene' (18).	Menstrual hygiene, access to education
		WS/R/27	'The independent expert visited several community initiatives to raise awareness about menstrual hygiene, especially among adolescent girls. Menstrual hygiene is crucial for the health of women and girls, as well as ensuring that girls stay in school and women are able to work. A UNICEF study conducted in 2007 found that one third of all girls in rural areas covering 22 districts did not engage in proper menstrual hygiene. Sanitation facilities that are private and appropriate for menstrual hygiene needs are a key factor in ensuring women's and girls' dignity. There is a taboo surrounding the topic of menstruation and, in this regard, the independent expert particularly welcomes the efforts of the communities she visited to ensure that girls are aware of proper menstrual hygiene and that they have access to appropriate facilities. She was particularly impressed by the initiative in Rupnagar slum of a group of adolescent girls, with the support of UNICEF, to produce sanitary napkins for their own income generation and to help their local community group to promote good hygiene' (69).	Menstrual hygiene, women's health, access to education, sanitation, taboo, sanitary materials
		WS/R/28	'[The Special Rapporteur] calls upon the Government: [...] (e) To eliminate discriminatory attitudes and stereotypes concerning girls	Menstrual hygiene, sanitation, health

Report type (Year)	Report title (Document code)	Reference Code	Reference (paragraph)	Theme(s)
			and women, which place the primary burden of collecting water on them and hinder their safe access to sanitation; and to take special measures to ensure that women and girls have access to information about menstrual hygiene, and that sanitation facilities enable them to practice good menstrual hygiene' (125e).	education
Country mission (2010)	Preliminary note on the mission to Slovenia (HI - A/HRC/15/31/Add.2)	WS/R/29	'Women face particular issues when they are menstruating, and those interviewed expressed a feeling of shame for the conditions in which they had to practice their menstrual hygiene' (18).	Menstrual hygiene, shame
Country mission (2010)	Slovenia (HI - A/HRC/18/33/Add.2)	WS/R/30	'Women are confronted with particular issues when they are menstruating and indicated that they were ashamed about the conditions in which they had to practice their menstrual hygiene' (36).	Menstrual hygiene, shame

3.3.4 Combination of allusions and clear references to menstruation

Right to Water and Sanitation

Table 29: Special procedures reports with a combination of allusions and clear references

Report type (year)	Report title (Document code)	Reference code	Reference (paragraph)	Theme(s)
Annual (2009)	Preliminary Report laying out the Mandate Workplan (A/HRC/10/6)	WS/A/1	'girls can be prevented from attending school because of a lack of toilets (or of girls-only toilets)' (24)	Sanitation, access to education
		WS/R/1	'According to UNICEF 'Many girls drop out of school at the onset of menstruation, which makes them particularly vulnerable when there are no separate toilets'' (Footnote 23).	Sanitation, access to education
Annual (2009)	Human Rights Obligations related to Access to Sanitation (A/HRC/12/24)	WS/A/2	'Furthermore, the Special Rapporteur on the right to education has recommended, with regard to school sanitation for girls, that	Infrastructure, Sanitation, Sanitary towels

Report type (year)	Report title (Document code)	Reference code	Reference (paragraph)	Theme(s)
			States allocate resources to school infrastructure, specifying “that infrastructure must be sited within communities and include a drinking water supply and separate, private, safe sanitation services for girls ”as well as “establish efficient mechanisms for supplying sanitary towels to adolescent girls who so wish, especially in rural areas, and ensure they can always have the use of the sanitation facilities they need” (E/CN.4/2006/45, paras. 129-130) (32).	
		WS/A/3	‘Assistance should also be provided to families who are unable to afford soap and cleaning products, or sanitary products for women’ (79).	Sanitary products
		WS/R/2	‘where toilets are not sex-segregated, girls often drop out of school, notably at the age of menstruation’ (30)	Sanitation, Access to education
		WS/R/3	‘The right to work can also be negatively affected by lack of access to sanitation. Workplaces which do not provide sanitation facilities, which have prohibitively long waiting times for the use of facilities, or where employees are pressured not to interrupt work for toilet breaks, may prevent employees from keeping their jobs, or raise serious concerns about their right to work in safe and healthy working conditions. Women are particularly affected, especially during menstruation and pregnancy’ (38).	Sanitation, Women in the workplace
		WS/R/4	‘Girls often drop out of school when their menstruation begins since schools frequently lack “girls only” or otherwise appropriate sanitation facilities’ (51).	Sanitation, access to education
		WS/R/5	‘The Special Rapporteurs on torture	

Report type (year)	Report title (Document code)	Reference code	Reference (paragraph)	Theme(s)
			and on the right to education have also specifically referred to the sanitary needs of menstruating women' (See A/HRC/7/3, para. 41; and E/CN.4/2006/45, paras. 129-130) (52).	Sanitation
		WS/R/6	'Sanitation facilities must further ensure access to safe water for hand washing as well as menstrual hygiene, and anal and genital cleansing, as well as mechanisms for the hygienic disposal of menstrual products' (72).	Sanitation, Menstrual hygiene, sanitary materials
		WS/R/7	'Women's toilets need to accommodate menstruation needs' (80).	Sanitation